

**An exploration of the impact of the death of a child sexual abuser  
on the grief process of adult survivors who are counsellors**

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## Abstract

The purpose of this research study was to explore the intersection of bereavement and child sexual abuse focussing on the specific experience of an adult survivor's grief process when the abuser dies. Both bereavement and child sexual abuse have been extensively researched, however there is a lack of research on the intersection between these two fields.

The literature search highlighted established theory from bereavement, child sexual abuse and trauma research, including complicated grief, disenfranchised grief, continuing bonds, attachment behaviour, and identity. This reflects the complexity of the impacts of the experience of the death of a child sexual abuser on the adult survivor.

The research sample consisted of four counsellors/counselling students who had experienced childhood sexual abuse, and the abuser had died more than five years ago. Data was collected using semi structured interviews and analysed using Interpretive Phenomenological Analysis. This process placed the focus on the experience of the participant as the key data.

The research found complicated grief reactions to the death of the abuser. Exploration of the death of the abuser activated responses to other losses in childhood associated with the abuse, and identified consequences in adult life. Disenfranchised grief for the losses associated with the abuse was found. No continuing bonds were found, and this was significant in terms of identity and meaning making. Attachment issues and family context were explored in the findings. Disclosure, personal meaning making and counselling were also found to be important.

These findings indicate that the experience of the death of a child sexual abuser for the adult survivor implicates many established theories, and that the constellation of loss is different for each survivor. The research indicates that counsellors working with survivors of child sexual abuse when the abuser dies may need to be aware of a wide range of theoretical positions, whilst maintaining awareness of the uniqueness of each survivor's experience.

**Key words:** child sexual abuse, bereavement, complicated grief, disenfranchised grief, loss, continuing bonds, attachment issues, trauma, identity, disclosure, meaning making

## **Declaration**

This work is original and has not been submitted previously in support of any qualification or course.

Signed J A Millar

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## Index

Abbreviations and definitions      vii

### Chapter 1 Introduction

1.1 Introduction	1
1.2 Background	1
1.3 Rationale	2
1.4 Aims	3
1.5 Research question	4
1.6 Overview of dissertation structure	4

### Chapter 2 Literature review

2.1 Overview and structure of the literature review	5
2.2 Method	6
2.3 Societal and historical context	7
2.4 Overview of grief theory	8
2.5 Overview of CSA impacts on adult life	10
2.6 Grief, loss and CSA	11
2.7 Trauma in CSA and bereavement	12
2.8 Attachment theory as applied to bereavement and CSA	13
2.9 Identity in CSA and bereavement	15
2.10 Discussion and critical analysis of the literature	16

### Chapter 3 Methodology

3.1 Philosophical underpinning	17
3.2 Interpretive Phenomenological Analysis	19
3.3 Sampling	20
3.4 Data collection	22
3.5 Data analysis	23
3.6 Ethics	25
3.7 Validity and trustworthiness	27
3.8 Limitations	28

<b>Chapter 4 Findings</b>	30
<b>Chapter 5 Discussion</b>	44
<b>Chapter 6 Conclusion</b>	56
 <b>References</b>	 58
<b>Appendices</b>	
Appendix 1 – reflexivity	65
Appendix 2 - overview of grief theories	72
Appendix 3 - overview of attachment theory	75
Appendix 4 - search strategy	79
Appendix 5 - research poster	80
Appendix 6 - BACP advertisement	81
Appendix 7 – inclusion questionnaire, information sheet, Consent form examples, interview questions, and interview schedule	82
Appendix 8 - detail of the IPA process	93

## **Abbreviations and definitions**

The following abbreviations are used in the text and are listed here for clarity

BACP – British Association for Counselling and Psychotherapy

CSA – Child sexual abuse

IPA – Interpretive Phenomenological Analysis

PCA – Person Centred Approach

CG – complicated grief

This dissertation uses the following definitions in relation to grief and bereavement as found in Wilson (2014):

Bereavement – the event of the death of a significant person

Grief – feelings associated with the loss in bereavement

Grief process/grieving – what is done in response to grief

Mourning – public displays of grief, often linked to religious or cultural beliefs or traditions

The following definition of child sexual abuse is used in this dissertation:

[Child sexual abuse] “involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.”

HM Government (2015) p.93

## Introduction

### 1.1 Introduction

This research dissertation is concerned with the grief process experience of adult survivors of child sexual abuse (CSA) when the abuser dies. This was achieved through engaging with counsellors who have experienced CSA. It focusses on a discrete group who through their training may have greater facility for communicating the experience, and have had an opportunity to work through issues associated with the abuse during their training.

### 1.2 Background

Due to the publicity surrounding high profile cases of CSA means that there is an increased public awareness of it.

The first issue for my research was to define CSA. The British Department for Education (2015) in a paper on safeguarding children, sets out a definition that encompasses the law on sexual activity with young people in Britain and reflects official policy for schools, institutions and groups that work with children and young people.

[Child sexual abuse] “involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.”

HM Government (2015) p.93



This definition was used to seek out participants who self-identified that they had experience that met this description.

Research undertaken for the National Society for the Prevention of Cruelty to Children (2013) indicates that 24.1% of young adults report having experienced CSA. Given this prevalence I believe there are many people who have experienced CSA and the subsequent death of the abuser.

Secondly, high-profile cases focus on male abusers outside the family, which diverts attention from the majority of abuse where the abuser is a family member or well known to the family (National Society for the Prevention of Cruelty to Children, 2013).

The third issue was the recognition of the stigma surrounding CSA and the cultural imperative to 'get over' bereavement quickly (Fleming & Bélanger, 2001). Fleming and Bélanger (2001) identify that both death and CSA are minimised and subject to denial in western society. This may result in a double silencing of the experience of people who have survived CSA when the abuser dies.

### **1.3 Rationale**

My interest in the intersection between counselling for bereavement and CSA arises from the experience of having two placements, one in a hospice and the other at a support agency for survivors of sexual violence.

Both CSA and bereavement are considered 'difficult' subjects in society. They are personally challenging in different ways: I have experience of close family bereavement, however I have no personal experience of CSA, although I have experienced other forms of sexual abuse. Hearing the experiences of survivors triggered a variety of emotional responses in me, which have been explored in supervision.

Listening to survivors of CSA alerted me that feelings towards the abuser may be complicated and conflicted, and subject to a lack of understanding from other family members, friends and wider society. An initial review of the literature revealed an apparent lack of research into this specific area. I was curious why this should be, and the implications of this for counselling practice.

In working with bereaved clients I heard aspects of trauma response echoed in the experiences of survivors of CSA. Both experience a fracturing of the assumptive world (Janoff-Bulman, 1992; Parkes, 1971).

#### **1.4 Aims**

The aim of my research was to explore the experience of survivors of CSA and the subsequent death of the abuser, focussing on counsellors who were abused as children as a way into this experience.

McLeod (2011) identifies that qualitative research has the potential to make a significant contribution to the practice of counselling, through its grounding in everyday experience. Rogers (1961) felt that experience was the highest authority, and I aimed to engage with the experience of adult survivors of CSA where the abuser has died through phenomenological research. My purpose was to inform my own counselling practice and that of others who read my research (McLeod, 2011).

In my research I identified and aimed to 'bracket' my own pre-existing ideas (Smith, Larkin, & Flowers, 2009) about CSA and my experience of bereavement; I recognise that this is not something that I could completely do and that awareness of my own assumptions was considered throughout the research (McLeod, 2011).

## **1.5 Research question**

My research question asked:

What is the impact of the death of a child sexual abuser on the grief process of adult survivors who are counsellors?

This question focused on the experience of the adult survivor and explored this in relation to research on the impacts of CSA on adults and bereavement studies. The focus was on counsellors because of the ethical considerations of working with a sensitive subject, with the understanding that counsellors and counselling students will have had an opportunity as part of their training to identify and engage with issues resulting from their personal histories.

I have been careful in my use of language because some terms for sexual abusers make them 'other' and perpetrates the myth that most abuse takes place outside the family (Sanderson, 2006). In relation to grief the word process better reflects the complexity of the human response to loss (Parkes & Prigerson, 2010).

## **1.6 Overview of the dissertation structure**

The aim of this chapter is to provide background information for the genesis of the research topic, my motivation for choosing the research area and indicating its potential application. Chapter two comprises a literature review that grounds the research in an academic context. Chapter three explores methodology and the philosophical reasons for the research methods chosen. The data generated by the research interviews is analysed in Chapter four, and this is discussed in the context of the established academic literature in Chapter five. The dissertation is drawn to a conclusion in Chapter six together with an assessment of the implications for counselling practice and indications of possible future research.

## **Literature review**

### **2.1 Overview and structure of the literature review**

The literature review is presented as a traditional critical review (Jesson, Matheson, & Lacey, 2011) with the aim of identifying key theoretical concepts, background and contextual material concerned with the potential impacts on the grief process of an adult survivor of CSA when the abuser dies. This also provides evidence that the research question has worth to be pursued (Dallos & Vetere, 2005). The literature for the separate strands of bereavement and CSA are well established and extensively researched. There is debate to what extent the literature should be engaged with in the qualitative research process; it may act as a framework for the project but may also have the potential to produce 'tunnel vision' (Rawson, 2011). Given the constraints of the research timetable much of the review has been undertaken early in the research process. This requires an element of bracketing off my prior reading (Smith et al., 2009) when engaging with participants' experience, and Rawson (2011) suggests taking on an interactionist perspective of flipping between data and theory, and allowing each to inform the other in an iterative process during the data analysis and writing up phases.

The structure of the review begins with an outline of how the information reviewed was obtained. Then themes within the two strands of academic study that inform this research question, those of CSA and bereavement, will be explored: societal and historical context of CSA and bereavement; overview of grief theories; overview of CSA impacts on adult life; grief, loss and CSA: trauma in CSA and bereavement; attachment theory in relation to CSA and bereavement; identity in CSA and bereavement. The review concludes with a discussion and critical analysis of the theories and research presented, and evidence how this research identifies and begins to contribute to addressing a knowledge gap (Jesson et al., 2011).

## **2.2 Method**

The literature concerning the two overarching topics which intersect in this research project are both extensive and cover a wide range of perspectives. To search for relevant literature for this review databases at the University of Chester library were interrogated using a specific search string (appendix 4) comprising key words from the research title and synonyms and truncations of these words to pick up literature that used alternative key words for similar concepts. Searches were also conducted on the concepts of disenfranchised and complicated grief, attachment theory, trauma and CSA sequelae to identify texts that provided a foundation of theory for these concepts. In addition, references cited in articles identified in these searches were chained on (Rawson, 2011) for other possible sources not identified in the database searches. Interlibrary loans were used to obtain articles and books that were not within the Chester catalogue.

This produced many potential research papers, journal articles and books. The first step in the critical appraisal of the material was to identify journal papers more than fifteen years old. Of these only those that were frequently cited or of relevance to the research were included in the review. This cut off point was used for many reasons; the volume of data generated from the search was too great to be accommodated in the time schedule of a small-scale research project; some older papers were not prepared with the same methodological rigour as some more recent research; the one paper that addressed the research topic was published in 2003 (Monahan, 2003) and this provided a logical cut off point. I also considered if the research was still up to date and if it was cited in other papers (Rawson, 2011).

Using the two key questions identified by Jesson et al. (2011) of relevance and appropriateness to the research question a further paring of the material was

performed. Finally, I considered if the material added anything to the arguments or information I already possessed.

### **2.3 Societal and historical context**

A significant aspect of the context for the research is the societal and cultural understanding of CSA (McCartan, Kemshall, & Tabachnick, 2015) and of bereavement (Doka, 2008; Parkes & Prigerson, 2010). Human responses do not happen in a vacuum and responses to loss by death are learned from and mediated by others (Parkes & Prigerson, 2010). What is understood as CSA is also a social construct (Sanderson, 2006). For both experiences social behaviours and understandings change over time (Parkes & Prigerson, 2010) and vary by culture (Neimeyer, Prigerson, & Davies, 2002; Sanderson, 2006). This research utilises an understanding of cultural responses for both CSA and bereavement derived from the United Kingdom public discourse, and draws on material from Western Europe, North America and Australasia. It is recognised that there is great cultural diversity within the UK, however consideration of this is beyond the scope of my research.

Social attitudes towards those that experience CSA and the perpetrators have historical roots in attitudes about appropriate sexual activity and the nature of childhood (Sanderson 2006), and these have undergone significant changes over time. Media attention on CSA increased significantly in the 1980s (Kitzinger, 2004). Kitzinger (2004) highlights the role of the media in highlighting CSA and informing and reinforcing social understandings of the nature and prevalence of abuse, where reporting focuses on individual and extreme cases and away from wider social factors associated with abuse (Weatherred, 2017). Survivors may be understood as having introjected societal understandings of CSA, which are stigmatising (McCartan et al., 2015).

Social practices concerning public grief behaviour are bounded by factors such as family practices, social networks and religious/spiritual beliefs, and have changed over time (Parkes & Prigerson, 2010) and between generations of the same family (Wilson, 2014). The decline in participation in organised religion means that the meaning of death and social cues for behaviour are taken from others (Parkes & Prigerson, 2010), and from TV drama (Kitzinger, 2004).

## **2.4 Overview of grief theory**

The mainstream grief theories acknowledged in bereavement counselling (Wilson, 2014) identify stages, (e.g. Bowlby (1980), Parkes (2010), Kubler- Ross (1989)) or tasks of mourning such as Worden (2010), which may share Freud's (1917) aim of emotional separation from the deceased. The grief theory of Stroebe and Schut (1999) identified a dynamic process of oscillation between loss orientated behaviour and restoration related behaviour as a way of coping and adapting to loss (Stroebe & Schut, 1999, 2010). These theories are summarized in appendix 2.

Significantly for this research Bowlby (1980) identified that how and when people moved through their mourning process was found to be connected to five factors: Identity and role of the deceased; age and gender of the mourner; cause and circumstances of the death; social and psychological circumstances of the mourner; and the personality of the mourner (Bowlby, 1980). These factors may be more significant where the death is of an abuser who was a family member.

Parkes (2008) found that some situations associated with bereavement, such as memories of violent deaths, feelings of blame towards the deceased or feeling shame for perceived neglect or complicity compound the grief experience. Where grief is prolonged, is delayed, absent or severely affects daily living some researchers identify CG (Piper, Ogrodniczuk, Joyce, & Weideman, 2011; Stroebe, Schut, & Van den Bout,

2013). The definition and application of the term is contested (Cooper, 2013; Wilson, 2014; Worden, 2010), including questions whether it is a disorder or an expression of PTSD (Cooper, 2013); for the purposes of this dissertation complicated grief will be used to describe experiences of grief that are prolonged or absent (Worden, 2010) or where the bereaved person experiences some of these states: separation distress, intrusive thoughts, anger or guilt, avoidance of places and objects related to the loss, feelings of emptiness, difficulties redefining their own identity, or in taking pleasure in activities (Boerner, Mancini, & Bonano, 2013).

Disenfranchised grief occurs where losses and the associated responses are not acknowledged by family and friends or are felt to be socially unacceptable (Doka, 2008). This may occur when the relationship is not recognised, the loss is not acknowledged and by the circumstances of the death (Doka, 2008). Disenfranchisement may also apply to some mourning behaviours that are seen as inappropriate in the social context (Attig, 2004), or inappropriate in relation to the nature of the relationship (Robson & Walter, 2013).

Continuing Bonds posits that the grief process never fully ends but changes over time as new meanings are found for the loss (Silverman & Klass, 1996), and has an impact on social identity for individuals and families (Klass, 2006). Mourners may form an internalised bond such as a mental representation of the deceased that functions as a secure base (Field & Filanosky, 2009), have a sense of continuing presence (Boelen, Stroebe, Schut, & Zijerveld, 2006), experience the bond as an external experience such as illusions and hallucinations (Field & Filanosky, 2009), or feel a connection to and through objects owned by the deceased (Boelen et al., 2006). These bonds may be experienced as a source of guidance how to behave or make decisions (Stroebe, Gergen, Gergen, & Stroebe, 1996). Not all bereaved persons form such bonds, nor find them necessary to resolve grief (Klass, 2006). For some people having a sense of



a continuing bond may be distressing or unhelpful (Klass, 2006), or may inhibit grief resolution (Balk, 1996).

## **2.5 Overview of CSA impacts on adult life**

The impacts of CSA on adult life have been identified as physical, sexual, emotional, relational, developmental and psychological (Fisher, Goldsmith, Hurcome, & Soares, 2017; Sanderson, 2006; van der Kolk, 2005). Some survivors experience physical consequences of premature sexual activity in adulthood (Irish, Kobayashi, & Delahanty, 2010). Limitations in affect regulation or modulation have also been found to be consequences of CSA (Monahan, 2003; Sanderson, 2006; van der Kolk, 2005), as has limited access to internal feelings and the vocabulary to express them (Howe, 2011). Male socialisation may contribute to different effects in adult male survivors because in many societies men are expected to be sexual initiators and the experience of abuse may conflict with this internalised understanding of sexual agency (Mejia, 2005; Sigurdardottir, Halldorsdottir, & Bender, 2012), or give rise to internal conflict over gender identity (Alaggia & Millington, 2008; Easton, Coohy, Rhodes, & Moorthy, 2013), or sexuality (Alaggia & Millington, 2008). Where the abuser was a person in a position of trust or in loco parentis there is evidence of greater emotional impact and an increased propensity of traumatic bonding (Leahy, Pretty, & Tenenbaum, 2003) which is explored in more detail in the section on attachment. People who were abused at a younger age, particularly those under three years of age, may demonstrate developmental and cognitive effects from the impact of the abuse on brain development (Mejia, 2005; Sanderson, 2006), although there are limited studies on the effect of age at commencement and the duration of abuse (Ruiz, 2016).

The family context of the child has also been found to have an impact on the consequences of the abuse (Sanderson, 2006; Turner et al., 2012). In family contexts

where the child had unmet emotional needs (Turner et al., 2012) an abuser may groom them with attention and displays of affection, and the adult survivor may feel themselves responsible initiating sexual behaviour (Deyoung & Lowry, 1992), and be unable to separate affection from sexual behaviour (Howe, 2011). Where the abuser was a sibling survivors report continued relationship difficulties with the abusing sibling and other family members in adult life (Monahan, 2010).

## **2.6 Grief, loss and CSA**

Monahan (2003) specifically addresses the impact of the death of an abuser on the grief process of an adult survivor of CSA using a case study. She focusses on CSA as a complicating factor in bereavement, but also identifies that grief for the abuser may be disenfranchised; that the death may trigger traumatic memories; and accentuate the psychological consequences of the abuse (Monahan, 2003). She notes familial patterns of relating existing at the time of the abuse, such as secrecy and isolation, may not have changed, and the death may propel the survivor back into relationships that lack appropriate boundaries (Monahan, 2003). She also noted survivors may experience frustration at not being able to confront the abuser, and touches on other losses consequent to the abuse (Monahan, 2003).

Bereavement is not the only way in which loss is experienced. Human development involves transitions that represent losses of a past state as well as moving onto a new stage (Beckett & Taylor, 2016), and there are cultural norms for these times of transition (Sugarman, 2004). Features of the life course perspective of loss (Sugarman, 2004) that are salient for CSA are: the understanding of the present is influenced by what has gone before as well as what can be imagined for the future: experience is understood through the lens of the social and historical milieu the person lives in: and that the timing of an experience has an impact on how it affects someone

(Sugarman, 2004). Theories of loss such as those of Kubler-Ross (1989) have been applied to these experiences.

Fleming & Bélanger (2001) state that all trauma involves loss, and the losses associated with the trauma of CSA may include the loss of: innocence (Dwyer & Miller, 1996; Fleming & Bélanger, 2001); trust (Alaggia, 2005); the common experiences of childhood (Alaggia, 2005), including a close nurturing relationship with an adult (Miller, Cardona, & Hardin, 2007); safety (Abercromby, 2011; Janoff-Bulman, 1992); family relationships (Dwyer & Miller, 1996); identity (Dwyer & Miller, 1996; Kauffman, 2011); and justice (Dawes, 2002; Herman, 2015). These losses may be socially unrecognised (Harris & Gorman, 2011) or stigmatised, leading to disenfranchised grief (Doka, 2008). Some survivors of CSA may experience reactions to the abuse for the first time or more intensely at times of significant life events, such as job loss or death of a family member (Easton, Leone-Sheehan, Sophis, & Willis, 2015; Gerrish, Dyck, & Marsh, 2009). This may lead to expressions of delayed or unresolved grief (Worden, 2010) for earlier losses. Attig (2004) also highlights the omission in the literature of a consideration of the disenfranchisement of resilience, and respecting the mourner's/survivor's inherent abilities to make sense of all that has happened and construct a personally meaningful future.

## **2.7 Trauma in CSA and bereavement**

Trauma may be defined as a situation where person's life or usual way of living is under threat, the experience of serious injury or sexual violence, or witnessing such events (Sanderson, 2013). Herman (2015) finds that psychological trauma involves feelings of helplessness, intense fear, loss of control and fear of extinction, and the loss of the working model or assumptive world as benign and predictable (Parkes & Prigerson, 2010). Childrearing that fails to offer protection or care when the child most needs it

may be experienced as traumatic (Howe, 2011). The trauma of witnessing a violent death or bereavement by suicide (Begley & Quayle, 2007; Courtois, 2004) may impact the grief process (Rozalski, Holland, & Neimeyer, 2017) by delaying it (Worden, 2010) or disenfranchise grief (Begley & Quayle, 2007). The death of a partner or close family member may trigger the loss of the mourner's assumptive world (Beder, 2005; Janoff-Bulman, 1992; Parkes, 1971). Mejia (2005) states that it is the individual's experience that defines what is traumatic, not an external benchmark, and as a result there may be many mourners who experience trauma as the result of a bereavement (Gerrish et al., 2009). Janoff-Bulman (1992) posits three basic assumptions that are affected by any trauma, including CSA or bereavement: that the world is benevolent, that the world has meaning, and that person's self is worthy (Janoff-Bulman, 1992). Where these factors are called into question people lose confidence in themselves and others (Beder, 2005; Parkes & Prigerson, 2010); whereas being able to make sense of the experience reduces the incidence of CG and trauma responses (Rozalski et al., 2017).

## **2.8 Attachment theory as applied to bereavement and CSA.**

A full discussion of attachment theory is beyond the scope of this dissertation, and a summary of the theory and of attachment behaviours in children and adults is included in appendix 3.

Attachment theory may provide a frame through which to seek to understand some aspects of the experience of survivors of CSA (Alexander, 1992). Insecure or disorganised attachment may arise as the result of CSA, physical and emotional abuse or neglect (Howe, 2011). Alexander (1992) found that family dysfunction and insecure or disorganised parent-child attachments precede the onset of CSA, and that this dysfunction enables CSA to happen or renders family members incapable of terminating it. She (Alexander, 1992) also found that different forms of insecure or

disorganised attachment have different outcomes for the survivor into adulthood, particularly for inter-personal relationships (Sorsoli, 2004).

Bereavement represents the loss of an attachment figure and the consequent activation of the attachment system (Mikulincer & Shaver, 2013; Schenck, Eberle, & Rings, 2016). Research (Schenck et al., 2016) has shown the various ways in which childhood insecure or disorganised attachment affects responses to bereavement, particularly in ineffective ways of coping with the loss. Avoidant and anxious attachment styles were found to give greater risk for CG (Beverung & Jacobvitz, 2016; Schenck et al., 2016). Worden (2010) found that CG may be linked to a yearning for a different style of relationship than had been experienced with the deceased. The experience of CSA has also been found to increase the vulnerability to CG (Monahan, 2003; Sofka, 1999) as does loss through violence (Rozalski et al., 2017).

Attachment theory also has a relation to trauma in the experience of traumatic bonding or Stockholm syndrome. Traumatic bonding describes the situation where a strong emotional bond forms between two people where one abuses or intimidates the other in a regular but intermittent pattern (Deyoung & Lowry, 1992): Stockholm syndrome derives from the experience of hostages in a bank robbery who formed significant attachments to their captors (Jülich, 2005). This phenomenon has been applied to survivors of domestic violence and CSA as a way of understanding some of the complex reasons why a survivor may not report the abuse as a crime (Jülich, 2005). In both traumatic bonding and Stockholm syndrome the abuse is experienced as a threat to survival (Jülich, 2005) but if the perpetrator is also an attachment figure this gives rise to cognitive dissonance due to the conflict with the need to attach (Leahy et al., 2003). Fear and confusion trigger attachment behaviour which encourages closer attachment to the abuser (Herman, 2015), yet also brings confusion and a feeling of being trapped by someone more powerful (Leahy et al., 2003). Where the abuse is

alternated with actions that are understood to be affectionate and there are few avenues to learn how other families function traumatic bonding is more likely (Jülich, 2005).

In an attempt to make sense of the abuse experience children may split off the abusive behaviour from the rest of their experience of the abuser (Herman, 2015), leading to the development separate working models of the world and ways of being in different circumstances with the abuser (Howe, 2011). This results in representations of the attachment figure that are contradictory and confusing (Howe, 2011), which may have an impact on the grief process when that person dies: which representation of the deceased is being mourned?

## **2.9 identity in CSA and bereavement**

Both bereavement and CSA have an impact have an impact on a person's sense of personal identity (Leahy et al., 2003; Parkes & Prigerson, 2010). Bereaved people may take on the roles or characteristic attributes of the deceased (Parkes & Prigerson, 2010), and experience a change of social role in relation to the loss (Parkes & Prigerson, 2010).

CSA affects the child's sense of self, as does being identified as a survivor of CSA (Phillips & Daniluk, 2004), which may be felt as a stigmatising identity (Scott, 2011). When the abuser dies the survivor may experience a struggle whether or not to disclose the abuse (Sofka, 1999), may feel safe to do so or find that this event is a trigger for traumatic memories (Sanderson, 2006). Leahy, Pretty and Tenenbaum (2003) found that disclosure of CSA could result in a range of responses, some of which reinforced the survivors feeling isolated or to blame for the abuse, or increase feelings of shame (Fisher et al., 2017). Disclosure may also feel like a decisive moment when it became possible to seek support and assign responsibility with the abuser

(Easton et al., 2015). The survivor's worldview may change after disclosure and receiving support (Leahy et al., 2003; Phillips & Daniluk, 2004), including the rejection of previously strongly held beliefs and self-concept (Jülich, 2005; Phillips & Daniluk, 2004).

Counselling and other forms of therapy have been found to have a role in enabling survivors to make their own sense of the experience of CSA (Chouliara et al., 2011; Tummala-Narra, Kallivayalil, Singer, & Andreini, 2012). This process of meaning making (Neimeyer & Anderson, 2002) explores the losses (Neimeyer et al., 2002; Simonsen & Cooper, 2015) and the abuse (Herman, 2015), and the meaning of any remaining connection to the deceased for identity (Neimeyer, Baldwin, & Gillies, 2006). Meaning making may help survivors to re-assess their assumptive world (Neimeyer et al., 2006), accept that CSA caused losses to the self (Edwards & Lambie, 2009) and form an identity that is more congruent (Edwards & Lambie, 2009; Rogers, 1957) with the possibility of post-traumatic growth and the development of resilience (Gorman, 2011).

## **2.10 discussion and critical analysis of the literature**

This literature review gives an overview of the many strands that contribute to an understanding of the grief process of a survivor of CSA when the abuser dies. Only one paper (Monahan, 2003) specifically addressed this topic. My dissertation research therefore begins to fill a gap in this specific intersection of bereavement and CSA research, and seeks to draw on other aspects of the experience when an abuser dies that have been identified from literature research and from reflection on research participants' experiences.

The following chapter looks at the research methodology.

## **Methodology**

### **3.1 Philosophical underpinning**

The question of how to conduct research for a dissertation is more than a simple practical question of techniques, but one fundamental to the meaning and purpose of the research. It caused me to reflect on my working model of how the world works and the philosophical concepts of ontology and epistemology, the what and how questions of research and knowledge and what can be known (Maykut & Morehouse, 1994).

Since the Enlightenment in Western Europe the predominant paradigm, the set of related assumptions that together provide a system of understanding (Maykut & Morehouse, 1994), has been based on an idea that the world is a fixed known that can be measured and is liable to the application of objective observation and rationality. This paradigm is closely associated with what is known as the scientific method (McLeod, 2011). Cultural anthropologists in the nineteenth century (Maykut & Morehouse, 1994) developed an alternative to this stance that was increasingly engaged with and developed by social science researchers in the 1980s (Sanders & Wilkins, 2010). This alternative draws on the human propensity for meaning making and is based on the philosophical concept of phenomenology (McLeod, 2011), where the interest is on how people experience the world and how this differs in different contexts and time periods (Willig, 2013).

Methodology is the overarching ideas base of a research approach (Willig, 2013), and philosophical differences offer a broad delineation between the quantitative and qualitative approaches to research (Maykut & Morehouse, 1994). Quantitative research includes concepts such as positivism, where a direct link between the world and our understanding of it is posited, and hypothetico-deductionism where the testing of a hypothesis by experimentation verifies or falsifies a theory (Willig, 2013).



Hypothetico-deductionism is the underlying approach of the natural sciences and is viewed as influential and authoritative in Western society (McLeod, 2011) and has impacted the development of research outside of those subjects, leading to the application of similar methods to the study of human behaviour (Maykut & Morehouse, 1994; Tuval-Mashiach, 2016).

Critics of the epistemology of the natural sciences observe that no account is taken of social and cultural factors affecting who conducts research, leading to elitism (Willig, 2013). They also find that it stands behind a façade of impartiality and detachment that fails to acknowledge the researcher's personal impact and interaction in the research process (Willig, 2013). In contrast qualitative research engages with the perspective of both the research participant and the researcher, and works with the process of the researcher's involvement in the research, rather than trying to neutralise it (Sanders & Wilkins, 2010).

There are many qualitative methodologies (Willig, 2013) and McLeod (2011) identifies an epistemological continuum ranging from realism to relativism within these. McLeod (2011) believes that qualitative research in counselling involves a balance between the two; for example, holding that there are general principles such as a grief process, and acceptance that people may have experiences that do not fit the general principles. An approach that recognises that perception of reality is influenced by social contexts and individual experience, and that there are many equally valid realities (Levitt, 2016) may achieve that balance.

This exploration shows me that there are methodologically different tools for different tasks, that none of them are universally applicable, and all have advantages and disadvantages (Sanders & Wilkins, 2010). Qualitative methods are particularly suited to research that engages with the lived experience and meaning making process of

the participants, and an ideographic approach to capture the complexity of that experience (Dallos & Vetere, 2005). Looking at available methods, considering the limited time scale and possible scope of my research, and recognising that certain epistemological principles are a better fit for some methodologies and methods (Willig, 2013), I found the detailed, methodical approach and philosophical underpinnings of IPA to be a best fit for my research.

### **3.2 Interpretive Phenomenological Analysis**

IPA has been developed as a specific method of engaging with the psychological world of participants (Willig, 2013), which makes it particularly applicable to research studies such as mine which focus on the meaning of experience. It focuses on the experience of the participant and uses this as the primary data (Dallos & Vetere, 2005), engaging in a phenomenological analysis of this experience (Willig, 2013) and drawing the interpretation from within the text (Smith, et al., 2009). As such it is a form of hermeneutic phenomenological exploration (Willig, 2013). This approach raises questions about who is doing the interpreting, their perspective, and their historical and social context (Willig, 2013). Part of this process is to acknowledge the impact existing knowledge about the research subject and their world view has on the conduct of research and interpretation (Willig, 2013) and bracket these off, although it is recognised this cannot be done completely (Smith et al., 2009).

It is a detailed and structured approach (Smith et al., 2009) which provides a framework for me as an inexperienced qualitative researcher. Dallos and Vetere (2005) identify that IPA is a method that connects themes in the data to existing literature. Understanding this process may help me make similar connections in counselling practice (McLeod, 2011) and link theory, research and practice (Bond, 2004).

### **3.3 Sampling**

Dallos and Vetere (2005) emphasise the important relationship between research purpose and sampling method, and that qualitative researchers use inductive sampling to find participants who have gone through a particular experience. The incidence of CSA suggests that there are many survivors who have also experienced the subsequent death of the abuser. However, I anticipated that few participants would put themselves forward because of the sensitivity of the topic. I also did not want a large group of participants because the IPA method looks at the data in depth (Smith et al., 2009), and it is not possible to hold the complexity of rich data for a large number of participants (Dallos & Vetere, 2005).

In reviewing sampling methods I opted for purposive homogenous sampling (Smith et al., 2009) which seeks out a selected group of people in order to engage in an in-depth exploration of a specific experience (Maykut & Morehouse, 1994). These participants represent an experience rather than being representative as understood in quantitative research (Smith et al., 2009). Potential participants who responded to my advertisement were included until I had filled my research limit. This meant that the sample had the potential to be heterogeneous (Dallos & Vetere, 2005) in terms of gender, class, ethnicity and their counselling modality.

#### ***Recruitment of participants***

As soon as my ethics proposal was approved I started advertising using the research advertisement agreed with my supervisor (appendix 5). My research advertisement was sent to counselling organisations in the north-west of England and North Wales; staff and volunteers at my placements; on counsellor social media groups; and advertised on the BACP research website (appendix 6). I decided on this wide dissemination because I wanted to reach the potential pool of participants in several

different ways. All but one of my participants were recruited through counsellor social media sites.

***Table of participant data***

<b>age</b>	<b>gender</b>	<b>modality</b>	<b>experience</b>	<b>ethnicity</b>	<b>abuser relationship</b>
50-59	female	other	pre- qualification	other white	brother
50-59	female	Integrative	pre- qualification	white British	father
60-69	male	Person centred	11-15 years	white British	neighbour (male)
30-39	female	Integrative	pre- qualification	white British	grandfather

None of the participants disclosed the abuse in childhood.

***Inclusion criteria***

My criteria for participants are listed in detail in appendix 7a, and include the purposive homogenous sampling criteria (Smith et al., 2009) that they are:

- qualified counsellors or counselling students
- experienced CSA
- the abuser was a family member or someone treated as family
- the abuser died more than five years ago.

I specifically excluded people with whom I have a dual relationship.

I specified that the participants should be qualified counsellors or counselling students because they would have had an opportunity to engage with their own personal issues during training, and would be aware of sources of appropriate emotional support and personal counselling, if required. I focused on the experience of being abused by a family member or someone treated as family because most abusers are well known to the person they abuse (Sanderson, 2006).

I was aware that limiting my sample to counsellors and counselling students was likely to bias my findings (Dallos & Vetere, 2005) as they may not be representative of other abuse survivors. Counsellors are more likely to be familiar with intentionally considering their own process. This appears to have contributed to gaining a richer narrative (Willig, 2013) than may have otherwise been possible.

### **3.4 Data collection**

In the interest of consistency with my methodology and method data collection was undertaken through semi-structured interviews, consisting of non-directive, open questions, some of which focused on a particular aspect to encourage elaboration (Willig, 2013). Willig (2013) notes that research interviewing requires careful preparation: the questions I used were drafted and redrafted after consultation with my supervisor and a student colleague. I then undertook two pilot interviews prior to interviewing any participants who had responded to the research advertisement; one was with a student colleague to gain feedback on my interview technique and tone, (Dallos & Vetere, 2005) and the second with a former colleague who had experience of CSA.

Ten potential participants came forward. Of these two had experienced the death of the abuser too recently to be included; and four received the information sheet and

inclusion questionnaire and declined to continue. The remaining four met the research criteria were interviewed in the order they became available.

Each interview took between 40 and 65 minutes to complete and was audio recorded. Before each interview I checked with each participant that they had read and understood the information sheet (appendix 7b), and they signed consent forms for research participation and recording (appendix 7c). Each interview was transcribed immediately after it was conducted and sent to the participant for member checking within 14 days.

In both qualitative research and counselling the researcher/counsellor is a human instrument (Maykut & Morehouse, 1994) in connection with another person, the difference is the purpose. The qualitative researcher employs an orientation of 'indwelling' (Maykut & Morehouse, 1994) the experience of the participants, which gives the opportunity to understand their experience in detail and discern similarities and differences to the experiences of other participants (Maykut & Morehouse, 1994) which are expressed in the presentation of the research. I found that transferring the experience of empathic connection from counselling to the research interview deepened my indwelling of the participant's world; however, I recognise the same limits on empathic connection apply in both circumstances (Mearns & Cooper, 2005). This experience gave rise to an internal tension between the empathic connection and the research need to acquire detailed information in a particular form about the experience described.

### **3.5 Data analysis**

Data analysis was conducted using IPA (Smith et al., 2009). This involved an active engagement with the material and the 'bracketing off' (Smith et al., 2009) of some aspects of my internalised understanding of what might be valid knowledge. I engaged

with my own process as a researcher and the research data with intentionality (Smith et al., 2009), a process known as epoché (McLeod, 2011).

All analysis involves an element of interpretation (Maykut & Morehouse, 1994), which draws on prior knowledge (Finlay, 2011). Part of the phenomenological analytical process is to take steps to identify and let go of preconceptions as far as possible (Finlay, 2011) and to be open to initial understandings being challenged, which results in a revision of that initial understanding in the light of engagement with the participants' experience (Finlay, 2011). This is a cyclical process of engaging with the data and asking questions of it and my own interpretive construction of the world, a hermeneutic circle (Finlay, 2011). I found the process of listening to and engaging with the participants' data caused me to question what I had expected to find and opened my awareness to alternative ways of seeing.

There was a 6-week gap between the first and last participant interview: this meant that the second and subsequent interviews were conducted after the previous one(s) had been transcribed. The overall aim was to treat each transcript separately, recognising the individual experience it represents (Smith et al., 2009) which required an element of 'bracketing off' (Smith et al., 2009) of any impression of themes I was aware of in the previous participant's interview. I was also aware of the having the experiences of clients I have met in my placements in my awareness. However, Smith et al. (2009) recognise that each interaction with a research participant is influenced by what has gone before.

The detailed process of data analysis is set out in appendix 8 and is summarised here. Each research interview was printed out and read and re-read, followed by initial noting of content, language and concepts (Smith et al., 2009) (appendix 8d). The experience of the initial noting and analysis was recorded in my research journal (Dallos & Vetere,

2005) (appendix 8c). Themes for each transcript were identified (Smith et al., 2009) (appendix 8d) printed out, sorted and recorded on a spreadsheet (appendix 8e). I then identified super-ordinate themes for each participant and I completed this process for each transcription before moving on to the next (Smith et al., 2009). Once super-ordinate themes had been identified for each participant a master table of themes for the group was prepared by looking for patterns across cases. Some themes were discarded at this stage to focus on the main similarities and idiosyncrasies of the participant experience. My initial search for patterns was descriptive of underlying theory (appendix 8a). This highlighted the tension in IPA between the hermeneutics of empathy and of suspicion (Smith et al., 2009) and that I was drawing on the latter. I took a more imaginative approach that resulted in theme table at appendix 8b. This organisation of themes lost the connection to the research question, and I returned to the data until a theme table that reflected both the question and the participant experience emerged, as set out in chapter 4.

### **3.6 Ethics**

Ethical research in counselling is bounded by both psychological research and professional body ethics (Sanders & Wilkins, 2010). Aspects of ethical practice may be summarised by reference to the outline of key ethical issues in the Ethical guidelines for researching counselling and psychotherapy (Bond, 2004):

#### ***Ethical orientation***

My research was planned and conducted in adherence to the University of Chester Research Governance Handbook (2014)' the BACP Ethical Framework for the Counselling Professions (2016), Ethical guidelines for researching counselling and psychotherapy (Bond, 2004) and was approved by the University Ethics Committee. I also continually assessed ethical issues throughout the research process (Smith et al.,



2009). My commitment to clear communication and accountability demonstrated my trustworthiness as a researcher (Bond, 2004).

### ***Managing risk***

Smith et al. (2009) identify avoidance of harm as a significant factor in designing and conducting ethical research. I had an ethical concern for the wellbeing of participants in my research, in line with the BACP principle of non-maleficence (British Association for Counselling and Psychotherapy, 2016). Research participants were asked to confirm they had access to and would be willing to use personal counselling if the interview process resulted in any issues for them (Bond, 2004), as this can happen to people who feel they have integrated the experience (Dallos & Vetere, 2005). I also provided a list of sources for support specific to survivors of CSA in my information sheet, and a note of the complaints procedure (appendix 7b).

### ***Relationship with participants***

Informed consent was promoted by being open from the outset about the nature of the research from the initial advertising, in the information sheet and by sending out the interview questions prior to meeting (Smith et al., 2009). Consent was confirmed in writing (consent forms appendix 7c) (Smith et al., 2009) and the boundaries of the right to withdraw from the research were made clear in the information sheet and on the consent forms (Smith et al., 2009). Participants were given the opportunity to amend or remove any part of their interview data (Bond, 2004) as part of the member checking process, which also promoted participant autonomy (British Association for Counselling and Psychotherapy, 2016)

I took particular care with confidentiality and anonymity because of the sensitive subject matter (Sanders & Wilkins, 2010): pseudonyms were used consistently throughout; personally identifiable material was removed (Sanders & Wilkins, 2010);

and I was open about how data would be used and who it would be seen by (information sheet appendix 7b) (Smith et al., 2009).

### ***Research integrity***

I took the following steps to promote research integrity: participation in research methods training (Bond, 2004); personal critical assessment of my levels of competence as a novice researcher; and willingness to seek and accept the advice of my academic supervisor (Sanders & Wilkins, 2010). I also had a concern for my own wellbeing and safety (Bond, 2004), making sure that someone knew where I was when meeting participants, and making arrangements for my own personal counselling.

### **3.7 Validity and trustworthiness**

The concept of validity has been most closely associated with the natural sciences and quantitative research and is based on researcher objectivity (Maykut & Moorhouse 1994). Within the different philosophical and epistemological underpinnings of qualitative methods validity means being able to see and question the researcher's process and conclusions (Willig 2013). Explicit consideration of and active engagement with reflexivity are seen as a source of methodological rigour in qualitative research (Levitt, 2016), and to achieve this I kept a research journal and prepared a reflexive account of the research process (appendix 1).

McLeod (2011) identifies personal qualities of openness and integrity in establishing the trustworthiness of research. Tuval-Mashiach (2016) summarises this openness into three key areas: what was done, how it was done, and why, to promote methodological rigour in the process and thus the trustworthiness. My research actions are summarised under those headings as follows:

**What:** willingness to lay open to scrutiny all stages of the research process; explanation of ethical safeguards from the ethical application through to writing up; being clear about my own position and beliefs in relation to the subject (McLeod, 2011).

**How:** explanations in this methodology chapter; the audit trail of documents in the appendices; sending transcripts to participants to enable member checking; grounding research outcomes in examples (McLeod, 2011).

**Why:** to make the research process more transparent, and to improve research quality by focussing on process and intentionality (Tuval-Mashiach, 2016).

### **3.8 limitations**

The limitations of my research come from three main directions: my inexperience as a researcher; the limitations of IPA; and the limitations of scope.

As a novice qualitative researcher there are limitations in the quality of my interview questions, interview technique and data analysis (Smith et al., 2009). This was mitigated in part through contact with my supervisor and by focussing on my process during the research by using a research journal (Dallos & Vetere, 2005).

IPA as a method is itself subject to limitations. Willig (2013) identified difficulties with getting sufficiently rich material for analysis, so that the IPA approach is limited to participants who can communicate in a very emotionally literate manner. There is also a question how far any qualitative research may be generalised to provide information for social policy or counselling practice (Willig, 2013). IPA research locates any generalisation in the experience of an individual (Smith et al., 2009), because if an experience has happened to one person it can happen to others (Willig, 2013).

The research is also limited in its possible scope through the boundaries of available time, the number and type of participants it was possible to recruit, and the requirements of a Masters dissertation format.

The following chapter outlines the results of the data analysis.

## Findings

### 4.1 Introduction

The analysis of my data is presented through super-ordinate themes, evidenced by extracts from the participant interviews. This was done using a case within theme approach (Smith et al., 2009) where material from each participant is used to support the theme. Smith et al. (2009) emphasise that each participant should be represented in each super-ordinate theme to ensure validity and quality, and provide the evidential basis for later discussion.

There was a lot of material to work with. Part of the interpretive aspect of IPA is reflection on the research question and the significance of experiences to the participant (Smith et al., 2009) and deciding which material to use. My initial theme analysis used theory as the organisational principle (appendix 8a), but this felt like an imposition onto the experience of the participants from outside, and ran contrary to the stated aims of IPA research (Smith et al., 2009). Looking for a theme structure from within the participants' experience felt disorientating, until I saw the varied loss narratives that permeated the participant experience. I drew up a table focused on loss (appendix 8b); however, this had insufficient focus on the research question. A return to the super-ordinate themes I had first identified, and an active engagement with both the research question and the data led me to the four super-ordinate themes with sub-themes, as follows:

A. Loss of the abuser	a.1 death of the abuser a.2 emotional responses a.3 losing and severing connections a.4 shattering the known
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B. Loss of childhood	b.1 family context b.2 the only love I could get was not the right one b.3 secrets b.4 innocence
C. Losses over time	c.1 loss of the self c.2 loss of justice
D. Putting the pieces together	d.1 losses and gains- disclosure d.2 the need to make sense of experience

This table reflects the balance of the material presented by the participants. My focus was on the experience of the death of the abuser; the participant data shows that the death of the abuser was linked to many more losses, which preceded and followed the death of the abuser.

In the presentation of the data below quotes from participants are shown in italics and referenced by their pseudonym and transcript line number.

## **4.2 Loss of the abuser**

The research question focused on the experience of one specific loss, however participants' losses were not confined to the loss of that one person, but to other aspects of relationship.

### **a.1 death of the abuser**

The experience of the death of the abuser was an important event in the life of the participants, particularly where the abuser was an attachment figure.

Ella was very clear about the impact of the loss of a significant member of her family:

*I was absolutely devastated. ...he was one of the central adults in my life, you know, he looked after me, he fed me every weekend, you know. Um, I cried my eyes out at his funeral. I don't think I've cried like that at another funeral since, you know. Um, it was really, really devastating.* (Ella 125-130)

She reports mourning him for some time afterwards:

*I think right up until my teenage... I still missed him, I always remembered him on the anniversary of his death. (Ella 215-216)*

Elizabeth too was ‘*absolutely devastated*’ (Elizabeth 120) by her brother’s death, and his suicide left her feeling ‘*I am not worth anything*’ (Elizabeth 134) because he shared nothing of his feelings with her. For some time after his death she experienced yearning:

*More than once a day, being in the underground or being in the bus... seeing someone and said it’s him. And I kept on wanting him to be alive. (Elizabeth 201-204).*

Mary has clear memories of her disbelief at the news of her father’s suicide, but of little after that until the funeral:

*So I don’t remember much after that until the funeral. (Mary 286-287)*

She speaks of experiencing ‘*numbness*’ (Mary 298) and that events felt ‘*surreal*’ (Mary 287).

The man who abused Leonard was not a family member, and did not fulfil the same attachment needs from an early age. Leonard found that he did not know how to respond to his abuser’s death:

*And that left me sort of confused. I didn’t actually know what to think. Am I happy he’s dead? ...And I remember feeling guilty for being happy someone’s dead, um, and actually saying to myself what we did wasn’t that bad, but was it? I don’t know. (Leonard 174-178)*

## **a.2 emotional responses**

All four participants reflected on how the death of the abuser and the multiple losses associated with it had an impact on their emotional lives.

Mary was uncertain if she felt grief at her father's death:

*I never grieved, I don't think I grieved. I did a long time after, but I don't think it was grief. I think it was a mix of anger, frustration and sheer hatred. (Mary 375-378)*

She has experienced a very strong feeling of abandonment:

*I feel abandoned in that he didn't give me the capacity to have the relationship that I needed, and the affections that I needed from him as a person, as a father. And to share my daughter and my life with him. (Mary 500-503)*

And is uncertain if she has fully explored the feelings of loss:

*I don't think those feelings have hit there yet. I don't think I am ready to go into the authentic feelings and the, the loss And I think the loss covers a lot of things, um, as well as my father. (Mary 463-465)*

Elizabeth considers how she was not aware of the full range of her emotional responses when her brother died.

*I must have been angry with him, so the realisation that I had never looked of course at that anger, I needed the love too much. (Elizabeth 176-178)*

Ella recognises that her feelings about the loss and the abuse are not fully available to her:

*I have quite a severe detachment from my emotion which probably started around the time that I was sexually abused, possibly before. (Ella 188-190)*

Leonard reports that 'I think I learnt to switch my emotions off with him' (Leonard 324) and that 'having to learn to switch them back on, it has been a long time' (Leonard 325-326). His enduring emotions are of loss and anger, but the abuser's death is 'just another death' (Leonard 468).



### **a.3 losing and severing connections**

None of the participants felt a present-day connection with their abuser. For Elizabeth, the connection was lost through time and therapy, although she felt the connection had been hope for the possibility of a different relationship as well as loss of her brother:

*I mean with my brain of today I suppose I just accepted that he was dead. Um, and I suspect it must have been something else than just him, I don't know, what was I hoping, that things, you know, could be good, without the bad, I don't know. (Elizabeth 208-212)*

For Mary, the connection had been one of threat to her being:

*But for a long time, maybe somewhere in the background, I still feel that he will come back for me, and cause me to do the same as he did and take my own life. (Mary 478-481)*

Leonard prompted the beginning of severing any connection through a symbolic act:

*... they kept his ashes in the back of this greenhouse. And I remember, um, breaking into this plastic greenhouse, and looking at this urn, and, ah, I just kicked it over, that I did, just kicked it over, ah. [pause] that was my [sigh] payback I think. (Leonard 368-372)*

The loss of connection was particularly significant for Ella in determining her own identity:

*You know and [laughs] for me to be able to do that, I don't think I could have done that whilst still feeling he's part of me, he's part of my family, I have to protect, this is part of my tribe, my world, you know, I think I had to just see him as an individual, as a person, you know. (Ella 271-275)*

It also enabled her to ascribe responsibility with the perpetrator:

*to blame him without blaming myself I kind of have to separate myself from him. (Ella 263-264)*

#### **a.4 shattering the known**

All four of the participants had built up an internal view of the world, their assumptive world (Parkes, 1971).

For Elizabeth this world was shattered by the death of the abuser:

*I thought we had a special relationship, and if you were that desperate, and if you were that bad, I thought I mattered. Why didn't you tell me?* (Elizabeth 128-130)

Almost resulting in the loss of her own life:

*I swallowed most of the medicine cabinet at home. I just didn't want to live any more.* (Elizabeth 143-144)

Mary feels that the manner of her father's death shook her world:

*I think the more trauma was done when he committed suicide.* (Mary 186)

Her world crumbled when she found out that her sister had been abused too:

*I don't know what was going on. Just trying to contain it. I just wanted to contain whatever was going on. I don't know what it was, I don't know how I felt, what the sensations were, I just knew I needed to contain it.* (Mary 417- 420)

For Leonard, the shaking of the assumptive world came through the realisation that his abuser was using him:

*I thought he liked me, I thought it was nice to have an adult friend, or at the time it seemed like that, someone who didn't want anything from you, was prepared to give you their time. And in actual fact he did want something from me and was charming for a reason.* (Leonard 157-161)

*I learnt not to trust adults.* (Leonard 236)

For Ella, the death of her grandfather began a series of other distressing events that have to some extent merged in her memory and caused turmoil in her personal world:

*it's hard for me to separate, I guess, what feelings were about those deaths... , and what is just about the chaos of what ensued with my mother, you know. So, um, it was a pretty horrible time all round really. (Ella 136-140)*

### **4.3 Loss of childhood**

A significant amount of data centred around the participants' family of origin and the interpersonal relationships in that family, even where the abuser was not a close family member.

#### **b.1 family context**

Although the family experience of the four participants was different, all shared a recognition that there was something different about their family that gave the opportunity for the abuse to occur.

For Elizabeth, and Leonard, there was a lack of adequate parental supervision:

*It was more a question of no boundaries, you know, and being very confused. (Elizabeth 184-185)*

*my father was a drinker, ah, and I think that's how I slipped through the net. (Leonard 47-48)*

Mary had the contradictory experience of strict rules to preserve an air of respectability outside the home, and a lack of boundaries within it:

*And, um, yeah, so it was very, it was a very strict, it was contradictory, it was very toxic and unruly in the house and very controlled and very precise outside the house. (Mary 74-77)*

Ella's family context exposed her to abuse by her grandfather and her mother was not available for protection:

*and my mum, she had her own mental health issues... she wasn't really capable of looking after herself. (Ella 132-135)*

All the participants experienced an absence of warmth, love and affection, or attention, in their childhood.

Both Elizabeth and Mary experienced parental relationships without warmth:

*But actually nobody looked after us, nobody did. It was, you know, a complete void of real warmth, so I think the kids were all desperately trying to, to do something. (Elizabeth 152-155)*

*so I think my relationship with him was very restricted in that there was no, there was certainly no open affection, and there was no certainly no closeness, cos I wouldn't get that close if I could help it. (Mary 106-109)*

While Ella reports that her emotional needs were not addressed in her family of origin:

*I always feel as though I've been really overlooked emotionally throughout my entire childhood to be honest with you. (Ella 291-292)*

Leonard felt that his dad failed to give his children attention and protection:

*to get some sort of attention I used to go to the pub with him. Ah, so I became a trainee drunk. (Leonard 50-51)*

*and I was also shocked that my father didn't realise what had happened to me, hadn't protected me, hadn't warned me, hadn't done anything. (Leonard 32-33)*

## **b.2 the only love I could get was not the right one**

There was an expression of the loss of appropriate affectionate, attachment relationships, and a feeling that the relationship with the abuser did meet some of these needs:

*the only love I could get was not the right one. But it was some love, um, again which gave me such a despair of then was it really love, it can't be love then because he didn't even tell me, he just buggered off. (Elizabeth 434-437)*

*I thought it was special, I was special, um, it was nice to have a secret, it was nice to have attention, especially for somebody who doesn't get any. (Leonard 80-82)*

*And, you know, so I always just felt, I did feel loved by him, and I loved him, weirdly I felt quite secure with him really. (Ella 52-54)*

Mary's description of her childhood relationship to her father is characterized by insecure avoidant attachment:

*if he wasn't in the home, then he didn't, I don't recall him being in my thoughts then. It was only when he was present that there was a thought process I think going on about, you know, what mood is he in, can we calculate his temperament. (Mary 158-162)*

### **b.3 secrets**

CSA for all participants was secret and hidden, and there was a lack of openness and trust within their families of origin.

Ella found being asked to keep the abuse secret puzzling:

*But he did tell me not to tell anybody, and I always found that a bit like I wonder why. (Ella 59-60)*

For Elizabeth, her abusing brother was very clear about keeping a secret when another sibling witnessed some of the abuse, '*you've not seen anything*, (Elizabeth 329). This secrecy continues with her siblings:

*the belief they have in their family is oh, if there is a problem you just ignore it and get on with it, and uh, you know, work well at school, and make money. (Elizabeth 399-401)*

For Leonard, the abuser's activities were known but kept quiet:

*my father obviously knew, it was obviously an open secret in the village, because to be fair there are no secrets in a very small village. (Leonard 30-31)*

In Mary's experience, it was not only the abuse that was kept secret, the family was hidden by a façade where '*everything had to be secret*' (Mary 42). The reality of the abuse remains undiscussed:

*And that's as much as we will discuss about the fact that he committed suicide, and the fact that he abused his children. (Mary 543-544)*

#### **b.4 innocence**

Participants had experiences in their childhood and teenage years which represent a loss of the freedom within a framework of adult protection that is taken as a norm in society.

Mary was restricted by appearances from showing childlike exuberance:

*so having to be respectable, having not to speak unless we were spoken to as children, not to make any noise, don't go running around, making any mess in other people's properties. (Mary 62-65)*

Socialising at school showed Mary that her home life was not like that of other children:

*I realised that actually that's not how people live. (Mary 143-144)*

Ella and Elizabeth both felt that they took on or had imposed on them age inappropriate responsibilities:

*My mum always saw me as the one that can cope, even when I was a kid, more than she was the one that could cope, I was the one that could cope. (Ella 294-297)*

*because I am the eldest sister for years I have actually been the mum to all the six little ones, giving them what I suppose our parents weren't able to give us. (Elizabeth 155-158)*

Mary felt that she had protected her siblings from abuse:

*If he was homed in on me then he wasn't going to hurt any of my other sisters and my brothers. So I felt for a long time that I'd protected my brothers and sisters. And, um, and somehow that made it feel ok, and normal. (Mary 134-137)*

The abuse was a loss of innocence for Leonard that left consequences for his health:

*he left some physical damage, um, which is causing me issues now, um, he left me with a lot of mental damage. (Leonard 363-365).*

#### **4.4 Losses over time**

The death of the abuser and the losses of childhood had enduring consequences into adult life for the participants.

##### **c.1 loss of the self**

The experience of CSA had a significant impact on the self-concept for Leonard and Elizabeth:

*my early teens, were mass of confusion, mass, mass of confusion, not knowing what to do, not knowing whether I was a man, a proper man, a real man, all this sort of stuff. (Leonard 200-203)*

*I certainly remember when I was maybe 13, one day thinking I am a whore and I will go to hell. (Elizabeth 438-439)*

For Ella, her protecting her abuser was part of protecting her image of herself:

*You do protect the people you love, don't you? Um, [pause] and also I think your family and especially the ones that have a hand in bringing you up, form part of your own identity. (Ella 255-256)*

She found that to find her own identity she had to 'blame him without blaming myself I kind of have to separate myself from him' (Ella 263-264).

For Mary, her father's death marked a turning point in her understanding of herself:

*And I think from, from the moment he killed himself that was when my journey into allowing myself to be, acknowledge that those things had happened, and by whom, to my husband. (Mary 390-393)*

She is clear that her identity is of her own making and not imposed by external, and perhaps stigmatising, labels:

*I never wanted to be labelled as someone either as a victim or a person who had been abused. (Mary 564-565)*

The lack of protection in childhood also had loss consequences for participants' relationships with self and others:

*but I recognize that in my strive to remove myself from all that pain and anguish I just built barriers around me that made it deeper. (Mary 569-571)*

*If you don't talk to people then there's no chance to accidentally let it slip do you, that you've been abused. (Leonard 475-476)*

#### **c.4 loss of justice**

In the situation where the abuser has died there is no chance of legal restitution, and this loss of the ability to seek justice is felt by Ella:

*there is something there about a lack of justice that still leaves you feeling a bit, [sighs], just like you haven't quite, like you've run so far through a marathon and then you just can't get any further, you know. (Ella 397-401)*

Leonard is angry that his abuser's activities were an open secret, and that no-one in his family or community did anything:

*um, [pause] he was allowed to get away with it. Immense anger over that. Um, my father, my grandma, my granddad all knew, it was an open secret, uh, but did nothing. (Leonard 282-284)*

#### **4.5 Putting the pieces together**

Despite all the losses experienced by participants, there was a narrative of hope that being open about the experience, making meaning and finding ways to assimilate experience could enable a fulfilling life.



### **d.1 impact of disclosure**

Disclosure is a significant point for survivors of CSA, and how others respond can make a significant difference to survivors. Elizabeth's disclosure was to her aunt, a psychotherapist, who helped her to explore what had happened:

*'slowly allowed me to understand and put words on things, and made me understand what had happened to me. And made me feel trust, that I could tell her. (Elizabeth 193-195)*

Leonard made an initial disclosure when he was a teenager, to the woman who is now his wife,

*And then we never spoke about it again... we started talking about it when I started doing the counselling. (Leonard 436-438)*

This was the beginning of a process that was both significant and difficult:

*I started talking about it to my wife, and she said what's it like talking about it and I said it was bloody horrible, but it is better than not. (Leonard 448-450)*

Mary's process of disclosure took place over a long time, having initially been made for her by the discovery that her sister had also been abused, and disclosure '*opened up chasms of distress*' (Mary 453). It took her

*another 30 years, 25 years to work it out, and take it to where it needed to be. (Mary 455-456).*

### **d.2 the need to make sense of experience**

Perhaps being counsellors increased the likelihood that participants would have made sense of their experiences as part of their reflection on themselves and their process during training, and be more aware of what had been going on for them at the time of the abuse and the loss.

Ella was aware of the need to find some meaning in what was going on as a child:

*I always rationalised that it was some sort of, like the abuse itself, was some sort of misguided attempt to educate me or something. I never thought of it as for his gain. You know what I mean? I always kind of thought that he was trying to be helpful. Because that's how I perceived him in general. (Ella 45-49)*

Mary felt that she had a need to understand why her father had been an abuser:

*I don't think I ever felt that what he had done was acceptable, but I kind of started to look at him with a different thought process about how he had ended up doing such a thing, what had he suffered. (Mary 172-175)*

Elizabeth found hope from the process of meaning making:

*You know, and life is full of things that are in the wrong place, and when things are in the wrong place it's not very nice, it's not very pleasant, um, and yet, mankind is very resilient. (Elizabeth 354-356)*

Part of this meaning making process was achieved through counselling, exemplified by Ella:

*And so, I can appreciate that my past forms part of who I am, but at the same time I can very much see myself more as a person in my own right now, and not just that story, you know, I am an individual. And actually, that's the sort of thing, this is the sort of thing that has emerged in therapy. (Ella 346-350)*

These findings are discussed in the context of the literature review and the research question in the next chapter.

## Discussion

In this chapter, I consider the research outcomes in relation to the research question, assess whether and how I have achieved my aim, and what I have learnt. I then move on to consider the findings in relation to established theories of grief and loss, attachment, and research on the impacts of CSA, trauma and loss on adult identities.

The focus of this research dissertation was on the impact on the grief process of the survivor when the abuser died, and my research questions were designed to draw out aspects of that experience (appendix 7d) that my prior reading indicated may be present. Some questions aimed to investigate the presence of complicated (Boerner, et al., 2013) and disenfranchised (Doka, 2008) grief for the abuser. I was also interested in exploring whether there were any continuing bonds with the abuser (Silverman & Klass, 1996), and what this meant to the survivor. Finally, I asked questions designed to explore how participants' understanding of the death and the relationship to the deceased had changed. In keeping with my understanding of IPA as being primarily about the experience of the participant (Smith et al., 2009), and to see if they had experiences which had been explored less in the literature, I gave space at the end of the interview for them to talk about any factors they felt were important that had not been covered. The findings chapter shows that in response to my questions I heard many narratives of loss, consisting of responses to the death of the abuser, and those connected to the abuse or the family and social context. Some of the factors that may have contributed to the amount of material that was not directly related to the death of the abuser are:

- my inexperience as a researcher. Smith et al. (2009) note that preparing interview questions and conducting interviews are something that improve with practice and confidence, as does analysing the resultant data. A more

experienced researcher may have been able to keep the interviews more closely focused on the research question.

- The process of inhabiting a research persona (Smith et al., 2009), and asking questions to interrogate an experience contrasts with my experience as Person-Centred counsellor and is unfamiliar.
- participants may themselves have difficulty isolating the experience of the death of the abuser from the wider impact of CSA and the associated losses. The death is part of a bigger picture, and my feeling is that for some participants it was a pivot point in a much longer timeframe, commencing with the abuse, up to the present day. All of these losses are linked, and past unmourned losses (Worden 2010) come to the fore when there is a reminder of one element of the associated loss constellation.

Not finding as much material as expected or planned for on the impact on the grief process of a survivor of CSA when the abuser dies may be regarded as a limitation of the research project. However, as Finlay (2011) notes, qualitative research challenges expectations and can deepen understanding of the experience studied. I found both less of some experiences I was anticipating, and more about the wider consequences of loss and abuse. The breadth of the findings concurs with research that shows significant life events may activate responses to pre-existing trauma (Easton et al., 2015), or previous unmourned losses (Worden, 2010). The death of the abuser may have been an initial point of focus for these other prior losses that were not resolved in the period after the death. Further losses in adult life arising from CSA, such as those relating to health and relationships (Leahy et al., 2003), may also not be resolved or even acknowledged (Harris & Gorman, 2011). Talking about the death of the abuser brought about responses to the other prior and subsequent associated and unresolved

losses, and the semi structured interview process provided space for these to be explored.

Looking at the established literature I will begin the discussion of my findings with a comparison to the only other research found on the same topic (Monahan, 2003), who found that CSA was a complicating factor in bereavement. My research participants also demonstrated some of the features of CG. CG can be experienced as prolonged or absent grief (Worden, 2010), as experienced by Mary '*I don't think I grieved. I did a long time after*' (Mary 376). This may also manifest as distance from internal emotional states (Boerner et al., 2013), such as Ella's (188) '*quite a severe detachment from my emotion*', and Leonard (324) learning to '*switch my emotions off*'. There may also be separation distress (Boerner et al., 2013), and yearning '*I kept on wanting him to be alive*' (Elizabeth 203-4), so that they could have a different relationship '*that things, you know, could be good, without the bad*' (Elizabeth 211-12), which Worden (2010) found to be another feature of CG. Parkes (2008) and others (Rozalski et al., 2017) found that experiences such as violent deaths or blame towards the deceased increased the likelihood of CG. Loss by suicide is traumatic in itself (Begley & Quayle, 2007; Courtois, 2004), and both Mary and Elizabeth experienced the death of the abuser by suicide. From the findings it is not possible to say if this had more impact on the potential development of CG than the experience of CSA. Avoidant or anxious attachment styles have been found to be associated with CG (Schenck et al., 2016), and Mary experienced an avoidant relationship with her father '*there was certainly no open affection, and there was certainly no closeness, cos I wouldn't get that close if I could help it*' (Mary 107-109). Other features of associated with CG (Boerner et al., 2013) that were experienced by participants are; difficulties in taking pleasure in life and activities such as Elizabeth's loss of interest in life itself '*I just didn't want to live any more*' (Elizabeth 144); anger and guilt, that may not be expressed or even available to

awareness, as experienced by Leonard (176) *'I remember feeling guilty for being happy someone's dead'*; confused feelings and worthlessness as experienced by Elizabeth, who wondered *'I thought I mattered. Why didn't you tell me?'* (Elizabeth 130); feelings of emptiness, such as *'numbness'* (Mary 298); and difficulty redefining their own identity, *'I don't think I could have done that whilst still feeling he's part of me'* (Ella 271-272). Leonard felt a *'mass of confusion'* (Leonard 200) about his identity, but this appears to be more a consequence of the abuse (Sigurdardottir et al., 2012), than a manifestation of CG, because his abuser was not a close family attachment figure (Cooper, 2013).

Monahan (2003) found that there may be disenfranchised grief for the abuser. For all my research participants the abuse was not known about at the time of the abuser's death, and their mourning behaviour does not appear to have been seen as inappropriate in their social context (Robson & Walter, 2013) or to the relationship (Attig, 2004). Ella's reaction may have been seen as socially normative for a nine-year-old child whose grandfather had died, *'I cried my eyes out at his funeral'* (Ella 128-9); however the extremity of this distress compared to other losses, *'I don't think I've cried like that at another funeral since'* (Ella 129), may be a further expression of CG (Worden 2010). Although my research found no examples of disenfranchised grief for the abuser, this may be a result of the limited sample. My research did find evidence of other forms of disenfranchised grief that are explored in more detail later in this chapter.

The research by Monahan (2003) also found that traumatic memories may be triggered at the time of death. None of the participants specifically reported this which may be due to their different circumstances and relationship to the abuser. The death of the abuser did cause Leonard to ask questions about the abuse and of himself *'saying to myself what we did wasn't that bad, but was it? I don't know'* (Leonard 174) and

intensified his confusion. As noted earlier in this chapter, talking about the death does however appear to have prompted memories (Worden, 2010) of losses associated with the trauma of CSA for all the participants. For Mary and Elizabeth, the death of the abuser by suicide was an additional trauma that appears to have supplanted the trauma of the abuse at the time of death, *'I think the more trauma was done when he committed suicide'* (Mary 186). For Ella, her grandfather's death was the start of a series of events that had a significant impact on her childhood *'it was a pretty horrible time all round really'* (Ella 140). For these three participants the nature of the abuser's death, or the events immediately after the death, shattered their assumptive world (Janoff-Bulman, 1992). Elizabeth questioned her own value after the suicide of her brother, and her world was so shattered that she *felt 'I am not worth anything'* (Elizabeth 134) and attempted suicide. Leonard's assumptive world was shaken not by the death of the abuser, but with the knowledge that he had been used by the abuser, and as Phillips and Daniluk (2004) found this affected his ongoing worldview, *'I learnt not to trust adults'* (Leonard 236). As well as shattering her world, the death of the abuser was a turning point (Easton et al., 2015) in a long process to build a new identity and assumptive world for Mary (390-392) *'from the moment he killed himself that was when my journey into allowing myself to be'*.

All the participants experienced a family or social context of secrecy, such as Mary's family where *'everything had to be secret'* (Mary 42): Monahan (2003) identified this as a feature of families where abuse has occurred. This secrecy may prevent children finding out that other families have different boundaries and ways of relating, and feel there is no-one they can go to for help (Herman, 2015), such as in Leonard's situation where the abuse was *'an open secret'* (Leonard 30) and no action was taken. Turner et al. (2012) find that where a family is unsafe and unable to provide sufficient safety, stability and nurture, through inconsistent parenting, violence, deprivation, or parental

significant mental health or alcohol issues, there is developmental trauma and loss for children. Being in a family context with *'no boundaries'* (Elizabeth 184) and where children *'slipped through the net'* (Leonard 48) has been found to precede the onset of CSA (Alexander, 1992) due to lack of appropriate adult supervision. Where members of the family are unavailable for support, such as Ella's mother who *'wasn't really capable of looking after herself'* (Ella 135), the abuser has room to operate as no-one is able to challenge their behaviour (Alexander, 1992). If children have unmet emotional needs, expressed by Elizabeth (152) as *'a complete void of real warmth'*, and are *'overlooked emotionally'* (Ella 291), abusers may groom them with attention and affection (Turner et al., 2012), as was Leonard's experience; *'it was nice to get attention, especially for somebody who doesn't get any'* (Leonard 82). The combination of emotional neglect and CSA may exacerbate the impact of each (Turner et al., 2012), and contribute to emotional difficulties in adult life (Howe, 2011), exemplified by Ella's feelings not being available to her; *'I have quite a severe detachment from my emotion which probably started around the time that I was sexually abused, possibly before'* (Ella 188-190).

Despite, or perhaps because of, the home life of participants the abuser was an attachment figure (Alexander, 1992) for all participants to some extent. Leonard felt that the abuser was an *'adult friend'* (Leonard 157); for others it was a stronger attachment that activated the attachment system (Mikulincer & Shaver, 2013) when the abuser died, causing yearning, *'I kept wanting him to be alive'* Elizabeth (203-4). The nature of Mary's avoidant attachment to her father meant that his death represented unrealised potential relationship losses, and may be a further expression of CG:

*I feel abandoned in that he didn't give me the capacity to have the relationship that I needed, and the affections that I needed from him*



*as a person, as a father. And to share my daughter and my life with him.* (Mary 500-503)

Where the abuser is the primary attachment figure survivors may experience traumatic bonding (Deyoung & Lowry, 1992). Mary's avoidant attachment to her father was also traumatic, where she had to think about *'what mood he was in, can we calculate his temperament'* (Mary 162), to be able mitigate the felt threat to survival (Jülich 2005). For Ella the abuser appears to have been her primary attachment figure *'he was one of the central adults in my life'* (Ella 127) and secure base (Howe, 2011) *'I did feel loved by him, and I loved him, weirdly I felt secure with him really'* (Ella 52-4). In traumatic bonding the survivor may experience cognitive dissonance because of the conflicting need to attach (Herman, 2015; Leahy et al., 2003), which appears to be the experience of Ella and her understanding of her grandfather's actions; *'I always kind of thought that he was trying to be helpful. Because that's how I perceived him in general'* (Ella 48-49). This leads to representations of the abuser that are contradictory. It appears that Ella mourned her *'helpful'* (Ella 48) grandfather for some years, *'I always remembered him on the anniversary of his death'* (Ella 216) until she could name the abuse, and resolve the attachment by cutting the bond, *'I kind of have to separate myself from him'* (Ella 264).

None of the participants experienced continuing bonds (Silverman & Klass, 1996) with the deceased abuser. Continuing bonds can be important in the resolution of attachment behavior and serve as a secure base (Field & Filanosky, 2009), but as Klass (2006) notes bonds may also be distressing or unhelpful. This was the case for Mary who feared that her father *'will come back for me, and cause me to do the same as he did and take my own life'* (Mary 480-481). Elizabeth's bond, that took the form of yearning behaviour, ended when she accepted the reality of her brother's death *'I just*

*accepted he was dead*' (Elizabeth 208). The role of her aunt, a psychoanalyst, needs to be recognised as a potential factor in the early resolution of Elizabeth's grief and severing connection with the dead (Freud, 1917).

Severing any bonds with the deceased appear to have been particularly significant for Ella and Leonard. Ella had felt her identity to be closely bound up with that of her abusive grandfather because for her close family *'form part of your own identity'* (Ella 256). Without consciously separating her identity from him she had been unable to *'blame him without blaming myself'* (Ella 263). For Leonard any connection was severed through his symbolic act of kicking over the urn of the abuser's ashes, which felt like *'payback'* (Leonard 372).

Losses for all four participants began before the death of the abuser, and continued after. Looking at the experience of survivors of CSA from a life course perspective, participants experienced transitions out of time (Sugarman, 2004) that are developmentally disadvantageous, as well as the transitions that other children experience. These developmental disadvantages may impact on the regulation of affect and on how later stressful events are experienced (van der Kolk 2005) and have the potential to limit the capacity for resolution of the grief process (Schenck et al., 2016). Feelings of being different are also intensified, *'I realised that actually that's not how people live'* (Mary 143-144), and mean that they lacked support for the transitions and losses they experienced. The life course perspective also recognises that an event can have different impacts depending on the age and developmental stage when it occurs, and produces different vulnerabilities (Sugarman, 2004), such as the impact of the abuse on Leonard's teenage understanding of his sexuality and *'not knowing if I was a man, a proper man, a real man'* (Leonard 202-3).

Monahan (2003) identified some of the wider losses that resulted from the family context or CSA, such as the loss of innocence and a more ordinary family life. For my research participants these losses were wide ranging, and as noted above, consisted of a large part of the material provided. All the participants experienced the loss of appropriate nurturing relationships with adults (Miller et al., 2007) and family members (Dwyer & Miller, 1996), as Elizabeth (434) says '*the only love I could get was not the right one*'. Rather than be protected by adults, both Elizabeth and Ella felt that they took on responsibility for themselves and others, and Mary felt that she was protecting her siblings from abuse '*so I felt for a long time that I'd protected my brothers and sisters*' (Mary 136), a devastating loss of childhood innocence (Dwyer & Miller, 1996). Premature sexual activity may lead to physical health issues, both at the time and in adult life (Irish et al., 2010), as experienced by Leonard (363) '*he left me some physical damage, um, which is causing me issues now*', which represents a loss of health. There were significant effects on feelings of self-worth and identity (Phillips & Daniluk, 2004), resulting in Leonard's chronic identity '*confusion*' (Leonard 200) and Elizabeth feeling that '*I am a whore and I will go to hell*' (Elizabeth 439). While these losses are recognised by researchers and therapists working with survivors of trauma and CSA, such as Herman (2015), Fleming and Bélanger (2001) and Alaggia (2005) these childhood losses are likely to be disenfranchised in wider society (Doka, 2008).

Three of the four participants experienced abuse prior to the 1980s when CSA began to be given more attention at a societal level (Kitzinger, 2004), resulting in another form of disenfranchisement through denial, that also allowed the abuse to continue. This was Leonard's experience: the activities of the abuser were '*an open secret in the village*' (Leonard, 30) but no appropriate child protection action was taken.

Being able to report CSA and have the potential for a legal process have been found to be important in the resolution of trauma (Dawes, 2002; Fisher et al., 2017). The

impossibility of confronting the deceased abuser was identified by Monahan (2003) as a factor engendering ambivalent and difficult to resolve feelings in a survivor. Ella found the lack of any possibility of justice left her feeling as if *'you've run so far through a marathon and then you just can't get any further'* (Ella 397-401). Leonard felt that the abuser *'was allowed to get away with it'* and experienced *'Immense anger over that'* (Leonard 282).

The fourth super-ordinate theme consolidates the impact of disclosure and the meaning making process. Within this the impact of counselling and counselling training is recognised.

None of the participants disclosed the abuse in childhood, and this concurs with research (Alaggia, 2005; Leahy et al., 2003). Research has found a variety of reasons for this lack of disclosure including fear of the abuser (Jülich, 2005) and fear of not being believed (Leahy et al., 2003). For the participants part of the non-disclosure appeared to be related to the culture of secrecy and denial in their family of origin, such as Elizabeth (399) *'if there is a problem you just ignore it'*. Phillips and Daniluk (2004) found that survivors did not disclose their experience of CSA openly because being a survivor may be seen as a stigmatising identity, and associated with shame (Leahy et al., 2003) and Mary specifically rejects being labelled a *'victim'* (Mary 565).

Where disclosure has taken place survivors report receiving differing levels of support (Alaggia, 2005; Leahy et al., 2003). For three of the research participants disclosure took place in counselling or to a family member who is a psychotherapist. Mary's experience of disclosure brought re-traumatisation (Leahy et al., 2003; Sanderson, 2006) *'I don't know how I felt, what the sensations were, I just knew I needed to contain it'* (Mary 418-420). Easton et al. (2015) found that disclosure allowed the survivor to

review their understanding of the experience, a process Leonard found *'bloody horrible, but it is better than not'* (Leonard 450).

All the participants strove to make sense of their experience at the time of the abuse, the death and as adults. Ella recognises that she rationalized her grandfather's behaviour as *'some sort of misguided attempt to educate me'* (Ella 46), and Mary reflected *'about how he had ended up doing such a thing'* (Mary 174-5). Elizabeth felt confidence and meaning in finding that *'mankind is very resilient'* (Elizabeth 356). Being able to do this was found by Neimeyer et al. (2006) to be an important way of rebuilding the assumptive world, and contributes to trauma resolution to the point of finding purpose and enjoyment in life (Herman, 2015; Phillips & Daniluk, 2004). Monahan (2003) found that therapy may help disrupt the abuser's remaining influence, reduce self-blame and facilitate the grief process. She (Monahan 2003) related this to the loss of the abuser: my findings were that counselling also helped participants mourn their childhood (Fleming & Bélanger, 2001), find their own identity (Phillips & Daniluk, 2004) and rebuild their assumptive world by providing an alternative attachment relationship that helps resolve earlier developmental deficits (Chouliara et al., 2011) and facilitate the grief process. This is summed up by Ella:

*'And so, I can appreciate that my past forms part of who I am, but at the same time I can very much see myself more as a person in my own right now, and not just that story, you know, I am an individual. And actually, that's the sort of thing, this is the sort of thing that has emerged in therapy.'* (Ella 346-350)

I started this study with expectations I would find disenfranchised and/or complicated grief in respect of the death of the abuser, and that survivors would feel that their experiences were not understood by family and friends, as found by Monahan (2003). Some of this was replicated in the participants' experience, however I also found a

much wider range of unrecognised losses that permeated the data. Mourning these losses was a personal rather than a social experience, and only became open for exploration and resolution through the experience of counselling and counselling training.

My conclusion, implications for counselling practice and possibilities for further research are summarised in the following chapter.

## **Conclusion**

### **6.1 Summary**

My aim was to undertake a small-scale research project using IPA to explore the impact on the survivor's grief process of the death of the abuser. In terms of research process, I have achieved the aim of preparing an IPA research project, following the guidance of Smith et al. (2009). I have sought to promote transparency and validity (Willig, 2013) through evidencing my steps in the methodology and appendices, and the reflexive exploration of my own process (Finlay, 2011) (appendix 1). The findings were less focused on the death than was expected; however, this has shown me the limitations imposed by my inexperience as a researcher, and confirmation that losses may not be experienced as single incidents but as a series of related events.

Although the outcomes of a small-scale IPA research project cannot be widely generalisable, the research shows that survivors of CSA may experience a range of losses associated with the death of the abuser and more widely from the experience of CSA. My research echoed the findings of Monahan (2003) of the long-lasting consequences on the grief process of a survivor of CSA. Furthermore, my research indicates that the experience may be more widely explored through other theories of loss and the interaction with trauma and meaning making.

### **6.2 implications for counselling practice**

Conducting this research has enabled me to see different connections between CSA and loss than I was previously aware of. I had brought understanding of trauma into my bereavement work, recognising that the loss of a significant attachment figure could represent the shaking or shattering of the assumptive world of the bereaved. This research has brought a greater awareness of loss into my work with survivors of CSA, which has been facilitative in terms of relational depth.

This may be applied to practice through developing an awareness that the death of the abuser may trigger reflection on other losses, and to recognise that clients may possess a unique constellation of losses. In this the PCA appears to be particularly applicable through offering empathy, unconditional acceptance of the client's experience, and the counsellor's congruence that enables listening to painful narratives. This gives space for many forms of grieving, and for the survivor to be able to find their own meaning in the experience.

### **6.3 possible future research**

My research was limited by time, the constraints of being a Masters dissertation and my inexperience as a researcher. The lack of other research in this area may be because therapists and others working with bereaved people who have experienced abuse have found that it is difficult to isolate the consequences of loss from the consequences of abuse. As all of the participants were counsellors they had extensive experience of counselling as a client and personal development on a training course, and this level of self-reflection may have influenced the results. These factors indicate that there may be scope for further and more in-depth research on the loss of the abuser, losses associated with CSA, and the impact of counsellor training on the resolution of trauma.



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The dissertation process has prompted reflection on a number of different topics.

**Process**

At the start I was aware of feeling frustrated with the process of researching and writing a dissertation, and feeling a lack of interest in the process, with an emphasis on wanting to get it done. I found a way to engage with the process of researching and writing by being curious about my own process. Reflecting on whether I focussed more on process or outcome in other areas of my life I found that it depended on the context. In terms of travel I enjoy travelling on a bus and find both the end and means satisfying, but travelling by plane is mainly a means to an end. I remember when I was ordained deacon being very annoyed at the emphasis on being priested, when I wanted to focus on what it meant to be a deacon at that point in my life. From this I deduced that it wasn't something intrinsic in my usual ways of behaving that was the genesis of my lack of enthusiasm for the process. It was due to a complex interaction of features.

One factor that feeds in is that I have a job where there is an emphasis on recording the different tasks involved in preparing a set of accounts. There are detailed stages before, during and after the work of analysis and financial statement preparation has been done. Some of this is about providing an audit trail so that someone else can follow the workings and see where key values have come from. This is akin to the recording process in qualitative research. But some is about showing that certain actions have been taken. My argument with this is that it does not necessarily improve the quality of the work, but simply demonstrates compliance. I feel that some of my resigned engagement with the process at work has leached into my work on my dissertation. Qualitative research theory that says it is as much about the process as the outcome. I see the value in this if the process reveals something more about how



people interact, how the researcher interacts with their participants and the data, and isn't simply a compliance exercise. It seems to me to be a question of the soul of a process.

I also recognise in myself a need to get on with things, described by one of my colleagues as a willingness to take positive action. Things that appear to stand in the way of doing, such as an unfamiliar process, are felt as annoying. There is something in this about a fear of running out of time, of having too much to do, and I recognise this anxiety in me, and that careful control of my environment is how I deal with this. It has been my way of being since I took my A levels. Now that I am more aware of this it is something that I can take back to personal counselling to explore further. With this knowledge about myself I was able to find some acceptance that this is how I am, and move through it to find my curiosity about something new. I also found I was very curious about the inner world of my participants, how it interacted with my own, and how it influenced my work with clients.

By recognising my frustration with compliance and finding a curiosity about my own process in this I was enabled to engage more enthusiastically with the philosophy of the qualitative methodology, and locate myself in the theory.

### **Research interviewing**

The experience of the first pilot interview with a fellow student highlighted some process and personal issues for me. Prior to the interview I had felt that some counselling skills may be transposed to find ways to explore the experience of the participant. I recognised that counselling and research interviewing are two different things, with different aims and methods, but had expected to find some transferable skills. I had read about conducting research interviews (Smith et al., 2009; Willig, 2013) and felt as prepared as I could be. As a result of my reading I felt a need to constrain

my way of being as a counsellor while conducting the interview, and went through a process of recognising that I needed a 'researcher' head, but being unable to access this. It was not something I had prior experience of and found that I had to try to work out what to do as a researcher while I was doing it.

Through this the experience of the pilot was instructive, as it highlighted to me the need to develop an alternative way of being, a researcher persona, and to back pedal the counsellor responses, particularly in the nature of empathic engagement. The focus for both counselling and qualitative research is feelings, however the responses I would make in counselling to focus on feelings felt inappropriate because the purpose of the interaction was different. I was also struggling with a way of asking for more detailed information about the experience without being directive of the sort of material I was looking for. I felt this took my process inward about my needs for research data and how to enable this, and away from the person being interviewed, resulting in me feeling distanced from the participant in a way I found uncomfortable. The participant did not report feeling this in the feedback, although I did not specifically ask about that.

I also found difficulty separating my feelings about the material the pilot participant was bringing from our existing relationship. If the sort of information being shared had been shared solely in the context of friendship my responses would have been very different than those I made during the pilot research interview, reflecting the impact dual relationships can have in counselling and research. As a friend I would have given more emotionally and personally supportive responses, and shared something of my own experiences. As a researcher I felt as if I was coldly taking in information, although I recognise that my pilot interviewee was there of their own volition and had agency about the nature and content of what was said. It highlighted for me the need for informed consent, clarity of how information would be used, and ensuring recognition of power relationships between researcher and participant. It also revealed something

about myself, that I felt I was using another person and I was uncomfortable with that, and that their perspective of the interaction may have felt very different.

I also volunteered to be another student's pilot interviewee. This was a positive experience for me and I felt listened to and my point of view valued. I believe this is a valuable experience in terms of having an understanding of what it is like to be interviewed for research, although I recognise it is my experience and may not be shared by others. It reassured me that my participants are also taking part in the research as informed adults who have chosen to do so, and that they may also not feel it as the imposition I experience I am placing on them.

I found the first interview of a research participant difficult. Using the experience of empathy I have built up in my counselling experience I felt I was entering into her phenomenological world, however I felt this to be at odds with my role as a researcher seeking particular expressions of experience. This felt directive in the sense of having an agenda and wanting particular types of response, although I carefully designed the questions so as to minimise leading to give answers I was expecting from my prior reading.

Some of what the first participant hit me strongly during the interview and when I heard the material again when I was transcribing.

I found all of the interviews difficult in different ways. When the second participant had a strong reaction to my questions I felt a deep remorse for delving into such personal and sensitive material using a method that I would not contemplate in counselling. I felt the third participant's confusion, and experienced a sense that my questions were bringing back memories of confusion and self-doubt that had been answered but still held a powerful echo. I went into the fourth interview confident from having done three

prior interviews and knowing my material: this was misplaced confidence and I felt inadequate to the task in practice. I rather feel I let my participant and myself down.

### **Data analysis**

Some of my reservations about process have been countered by the experience of analysis. By careful engagement with the data and detailed reading new insights were gained. I saw themes that had been masked by a dominant theme. The process of printing participant themes on coloured pieces of paper, spreading them out and manually sorting them allowed me to find connections I hadn't previously seen. I then transferred these connections to a spreadsheet, where other connections became apparent and I was able to easily move data around to explore these connections. I found that it helped to have an initial categorisation that I then came back to the next day. My experience was that when I woke up I had found new connections and ways of seeing the data that I took back to the sources to check for validity.

Such was the depth of my involvement that I also experienced the participant's voice in re-reading, almost felt that I was in the room again with them, and had a strong remembrance of the place the interview took place. This perhaps helped the process of immersion in the participant's world, but also meant that I felt a need to be careful of my own wellbeing in being immersed in this material. I felt strong echoes in my work in bereavement counselling and counselling survivors of CSA, which kept the material live in my mind, making the process of bracketing off both essential and incomplete, as I found the material from each participant echoed into the others, and was reinforced by my empathic engagement with clients.

I also experienced an issue with holding the end and the process in balance. I understood that IPA is about a balance between the hermeneutics of empathy and suspicion, but I was aware that my engagement at each point had the end point in

mind. I knew the purpose was to produce a set of super-ordinate themes across participants, highlighting common ground and idiosyncrasies, and discuss these in terms of theory and research. I found I was looking for this as I went through the data, working with the hermeneutic of suspicion and interpreting in the data in terms of concepts such as attachment theory from an early point. I recognise this is connected to a habitual way of working, and is in part personality driven. I like to be prepared. I feel this initially limited my ability to see something new or different in the data. However, my feeling of being lost in the data, and of dissatisfaction that my initial master themes felt like an imposition from outside, took me back the material and the research question. I drew on my own felt sense of loss in relation to the participant material and made more imaginative connections that feel more representative of the participants' phenomenology.

Having been through the data many times and considering my final decision on super-ordinate themes I see in this a need to find a hopeful narrative, that despite trauma and loss people can survive and thrive. I am sure I have not imposed this, it is there in the participants' words and being. That I look for the hopeful narrative says a lot about me and my approach to counselling; of holding onto hope for clients who cannot see it for themselves, so that it does not get lost. So that hope does not get lost, but nor do I in the caverns some clients find themselves in. I have a light, and undertaking this study has shown me that I value this light.

### **Impact of the research material**

Listening to the emotional experiences of people who have experienced CSA or loss is not easy, and the experience of listening to someone who has experienced both compounds not doubles the impact on the hearer. Before the work started I had contracted with my personal counsellor to contact her should any personal issues arise

for me resulting from dealing with the research topic. Although I have not experienced CSA myself there are still many areas where my experience intersected with that of the participants, and I have experienced the death of people with whom I had a complicated relationship.

What affected me most, particularly in the experience of Mary and Leonard, was the lack of affectionate and nurturing relationships with their father. Ella's and Elizabeth's fathers were also marginal characters. My own father was very involved in my early upbringing for a man in the 1960s, and I think this early relationship gave a particular texture to our relationship. That others did not have an experience like this one I feel is foundational to who I am, saddens me. I recognise this as my material, touching on my own loss of my father through his death, but it was strongly resonant during the analysis.

I also felt a touchstone moment with Leonard's description of his life in camouflage. I explored the theme of my own invisibility in detail in my first year on the course, and I still find myself dipping into the background at times.

I liked all of the participants as people, respecting their differences and their willingness to be so open with a stranger. This openness contrasts to their credit in comparison to the hidden nature of what was done to them in childhood. Their stories gave me hope for my own clients, and confirmation of the actualising tendency at work.

This is not intended to be a comprehensive list of grief theories; it is an outline of the historical development of widely acknowledged theories.

**Grief work – Sigmund Freud**

Freud (1917) believed that only through breaking the bonds with the deceased would pathologically prolonged grief be avoided. Freud called the process of breaking these bonds 'the work of mourning' (Freud, 1917)

**Four phases of mourning and five conditions affecting the course of mourning**

– John Bowlby

Arising from his work on attachment (Bowlby, 1980) identified four phases of mourning:

1. Numbing, that may be interspersed with distress or anger
2. Yearning and searching for the deceased
3. Disorganisation and despair
4. Reorganisation

Bowlby (1980) identified that these phases were not necessarily linear and that people could move back and forth through them.

How and when people moved through these phases was found by Bowlby (1980) to be affected by five conditions:

1. Identity and role of the deceased
2. Age and gender of the mourner
3. Cause and circumstances of death
4. Social and psychological circumstances of the mourner
5. Personality of the mourner

## **Components of grief work– Colin Murray Parkes**

Four major research studies carried out by Parkes (2010) identified three components of grief work:

1. Preoccupation with thoughts about the deceased, arising from the desire to search for them
2. Painful repetitive recollection of the loss, which results in accepting that the loss cannot be reversed
3. Making sense of the loss, to accommodate it into the assumptive world of the mourner, or to modify that assumptive world.

## **Five stage model – Elizabeth Kubler -Ross**

Kubler-Ross (1989) identified five stages experienced by people who had been diagnosed with a terminal illness; these later came to be applied to loss through death. Kubler-Ross stated that the stages were not intended to be understood as a linear process, and that not everyone experiences them. The five stages are (Kubler-Ross, 1989):

1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

## **Tasks of mourning – J William Worden**

Worden (2010) identified four tasks of grieving that he found to be necessary to resolve grief, and although it is not defined step process, some tasks logically and emotionally precede others (Worden, 2010). The tasks are:

1. To accept the reality of the loss
2. To process the pain of grief
3. To adjust to a world without the deceased



4. To find an enduring connection with the deceased while moving into a new life

**Dual process model** – Margaret Stroebe and Henk Schut

Stroebe and Schut (1999) identified a process of oscillation between loss orientated behaviour and restoration related behaviour, as an alternative to task or stage models that was felt to more accurately reflect the experience of bereaved people.

They posit that it is not possible to focus on loss and restoration at the same time so people move between the two (Stroebe & Schut, 1999).

This is not intended to be a comprehensive examination of attachment theory. It is included as a background to understanding the theory in relation to bereavement and CSA.

Attachment theory was developed by John Bowlby, a medical doctor who was psychoanalytically trained (Howe, 2011), with significant input from colleagues James Robertson and particularly Mary Ainsworth who developed and extended Bowlby's ideas (Howe, 2011). It has been applied to theories of grief and bereavement (Parkes & Prigerson, 2010) and to considerations of the impact of CSA (Sanderson, 2006).

### **Evolutionary basis**

Bowlby's work with male adolescents with criminal histories highlighted that many had disrupted relationships with their mothers (Cassidy & Shaver, 2008) and caused him to question the received psychoanalytic theory about the nature of a child's ties to its principal caregiver (Cassidy & Shaver, 2008). Arguing against the drive theories of psychoanalysis (Wilson, 2014) Bowlby drew upon a wide range of sources (Cassidy & Shaver, 2008) including ethological studies that analysed animal behaviour in terms of its propensity to increase survival to identify care-seeking behaviours present in infant children (Howe, 2011). He observed that for group living primates that forage on the ground if any individual was excluded from the social group death often followed very quickly (Howe, 2011). From this he concluded that safety lies in group membership, particularly for infants whose behaviour is focused on gaining and maintaining the attention of their principal caregiver (Howe, 2011). Human society has moved a long way from hunter gatherer societies that faced the same danger from predators as other non-human primates, however Howe (2011) comments that even in contemporary society people seek comfort from social support in times of distress

or difficulty. For Bowlby the initial behaviour of a new born baby is instinctive however it quickly learns behaviour which forms part of a feedback mechanism with the caregiver which results in bonding (Wilson, 2014).

### **Attachment figures**

An attachment figure is someone with whom a child bonds and engages in attachment behaviour with (Howe, 2011). Bowlby's work focussed on the attachment bond between a mother and child (Wilson, 2014), however children may have more than one attachment figure (Howe, 2011). As a child grows attachment figures form a secure base from which to explore the world around them (Howe, 2011).

### **Attachment behaviour**

Attachment behaviours exist in an attachment behavioural system (Bowlby, 1971) which treats the behaviour as inherent, and not the result of any other drive or process (Cassidy & Shaver, 2008). Attachment behaviour is that which brings the caregiver to the child, or the child to the caregiver (Wilson, 2014) and the caregiver's response which reinforces the behaviour (Howe, 2011). Significantly in terms of trauma children are believed to become attached even where their needs are not met (Cassidy & Shaver, 2008). Bowlby believed that emotion was very significant attachment formation, maintenance and when attachments ended (Cassidy & Shaver, 2008).

### **Attachment and human development**

The relationship with attachment figures has an impact on the regulation of affect, the development of the sense and understanding of self, understanding social relationships, and the development of mentalisation, being able to understand how mental states affect behaviour in self and others (Howe, 2011).

## Attachment styles

Attachment research has identified four different attachment styles (Howe, 2011)

*Secure* – features consistently responsive caregiving, children play happily with others, understand the value of co-operation, and feel confident their caregiver will respond if they are distressed.

*Insecure avoidant* – where caregivers reject expressions of need and attachment behaviour rejected, child responds by minimising attachment behaviour. Over regulation of affect. Self is experienced as unloved, and emphasis on self-reliance.

*Insecure ambivalent* – where caregiving may be insensitive or inconsistent, child may exaggerate behaviour to get a response. Under regulation of affect. Low self-worth and dependent behaviour.

*Disorganised* – stressful relationships with caregivers, especially where the caregiver is the source of fear or distress, or is unable or unwilling to provide appropriate protection from danger. Unregulated affect, attachment behaviour is incoherent. Self is experienced as alone and frightened, or even dangerous or bad.

### Attachment style and the representation of self and others

<b>Insecure avoidant (A)</b> Self (unloved but self-reliant): other people (rejecting and intrusive)	<b>Secure (B)</b> Self (loved, effective, autonomous and competent): other people (available, co-operative, dependable)	<b>Insecure ambivalent (C)</b> Self (low value, ineffective and dependent: other people (insensitive, inconsistent, unpredictable and unreliable)
<b>Disorganised (D)</b> Self (unloved, alone and frightened): other people (frightening, rejecting and unavailable)		

(Howe, 2012, p49)

### **Attachment in adult life**

Work looking at the impact of attachment styles adopted in childhood on adult relationships developed in the 1980s (Wilson, 2014) and this research found that the nature of close relationships in childhood affect how adults learn to love and relate to others (Wilson, 2014).

**Search strategy****Appendix 4**

Question: What is the impact of the death of a child sexual abuser on an adult survivor's grief process?

Table of keywords and alternate words:

<b>Grief Process</b>	<b>Child Sexual Abuse</b>	<b>Adult survivor</b>
Bereavement	Childhood trauma	
Grief	Sexual abuse	
Mourning	Childhood abuse	
Complicated grief	Sexual trauma	
Disenfranchised grief	Trauma	
Loss		

Search string on the University of Chester online library, Psycinfo/books/articles, IBSS and JSTOR, including wildcards and Boolean operators:

(Grief process\* OR bereavement OR grie\* OR mourn\* OR complicated grief OR disenfranchised grief OR loss NOT weight) AND (Child sexual abuse OR childhood trauma OR sexual abuse OR sexual trauma OR trauma) AND Survivor.

The search results revealed a need to also search on attachment theory in relation to both CSA and bereavement, and specific searches on complicated grief, disenfranchised grief, trauma and CSA sequelae to ensure identification of core texts on these topics.

The research question was changed as a result of the Ethical Committee approval process, to be:

**What is the impact of the death of a child sexual abuser on the grief process of adult survivors who are counsellors?**

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No changes were made to the search terms as a result of this because the amendment had the intention of clarifying the discrete group of research subjects, not the theoretical and experiential emphasis of the search.

**Research poster**

**Appendix 5**

## When an abuser dies



### **The experience of the death of a child sexual abuser for adult survivors who are counsellors**

I am a MA student at the University of Chester and I am researching the impact of the death of a child sexual abuser on an adult survivor's grief process.

If you :

- are a qualified counsellor or counselling student (any modality)
- have personal experience of child sexual abuse
- the abuser was a family member or someone treated as family
- that person has subsequently died

and would be willing to participate in my research, please contact me using the information below.

Your participation would involve an audio recorded interview of approximately one hour, exploring your experience when the abuser died. I will not be asking questions about the nature of the abuse .

**Julie Millar at [1408214@chester.ac.uk](mailto:1408214@chester.ac.uk)**



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## Research notice board

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*When an abuser dies: the experience of the death of a child sexual abuser for adult survivors who are counsellors*  
Julie Millar

**Call for participants:**  
*What kind of research training do therapists need?*  
Sofie Bager-Charleson

**Call for participants:**  
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### Call for participants: When an abuser dies: the experience of the death of a child sexual abuser for adult survivors who are counsellors

Julie Millar

I am a MA student at the University of Chester and I am researching the impact of the death of a child sexual abuser on an adult survivor's grief process. I am looking for participants who:

- Are a qualified counsellor or counselling student (any modality)
- Have personal experience of child sexual abuse
- The abuser was a family member or someone treated as family
- That person has subsequently died

What does participating in this research mean?  
If you choose to put yourself forward as a participant and meet the inclusion criteria your involvement will be to meet with me for an audio recorded interview of approximately one hour. During this hour you will have the opportunity to explore your experience within the framework of a semi structured interview. After the interview I will transcribe the audio recording, and I will send you a copy of the transcript for you to read and check for accuracy.

All participants will be referred to by a pseudonym to preserve confidentiality. Potentially identifying material within the transcription will be removed when printed copies are made for data analysis. With your consent verbatim sections of the interview may be used in my final dissertation. The information you provide will be analysed with together with that of other participants and the results written up into my dissertation for submission to the University of Chester. The University keeps a copy of the dissertation, and the results may be used as part of other works that may be published.

All interviews will be conducted in English; participants must have fluent English.

What are the potential risks?  
There is a risk that talking about the experience of the death of the abuser may bring painful memories to the surface, or bring reminders of the abuse. I ask that all participants have access to and are willing to use personal counselling. No questions will be asked about the abuse experience. This research is focused on the experience of the abuser's death.

This research has been approved by the University's Ethics Committee and will be conducted in line with the BACP Ethical Framework for the counselling professions and the University of Chester Research Governance Handbook.

I may be contacted on my university email at [1408214@chester.ac.uk](mailto:1408214@chester.ac.uk)

Thank you  
Julie Millar

Type here to search

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## Inclusion Questionnaire

### An exploration of the impact of the death of a child sexual abuser on the grief process of adult survivors who are counsellors

Thank you for your interest in my dissertation research. Please answer the questions below and return the questionnaire to me at 1408214@chester.ac.uk

**Name**.....

#### **Inclusion Questions**

- I have experienced sexual abuse as a child (under 16 years of age) as defined below

Yes ☐

No ☐

- The abuser died more than five years ago

Yes ☐

No ☐

- The abuser was a family member or someone treated like family

Yes ☐

No ☐

- I am a qualified counsellor or current counselling student

Yes ☐

No ☐

- I feel sufficiently grounded in my experience of child sexual abuse and the death of the abuser to be able to participate safely in the study, and have access to appropriate emotional support

Yes ☐

No ☐

- I have access to and am willing to use personal counselling if participating in this study raises issues for me

Yes ☐

No ☐

- I understand that the research is about my experience when the abuser died and questions will not be asked about the abuse experience

Yes ☐

No ☐

- I have read the information sheet, understand what will be required of me, and understand that I have a right to withdraw from the research up until write up of the research has begun

Yes ☐

No ☐

**Signed**.....

**Date**.....

### **Definition of child sexual abuse used in the research**

Definition of abuse in H M Government Department of Education paper 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children':

"Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children."

HM Government, 2015: p.93

### **Diversity questionnaire**

The following information allows me to include some anonymous background information about research participants. Your co-operation is appreciated.

**Age** (please tick as appropriate)

20-29 years		50-59 years	
30-39 years		60-69 years	
40-49 years		Over 70 years	

**Gender** (please tick as appropriate)

Male		Transgender	
Female		Prefer not to disclose	
Non-binary			

**Counselling modality** (please tick as appropriate)

Person Centred		Gestalt	
Integrative		CBT	
Psychodynamic		Other	

**Number of years post counselling qualification** (please tick as appropriate)

Pre-qualification		11-15 years	
1-5 years		16-20 years	
6 -10 years		Over 20 years	

**Ethnic Origin** (please tick as appropriate)

<b>Asian/Asian British</b>	
Bangladeshi	
Chinese	
Indian	
Pakistani	
Any other Asian Background	
<b>Black/Black British</b>	
African	
Caribbean	
Any other Black background	
<b>Mixed/multiple ethnic groups</b>	
White and Asian	
White and Black African	
White and Black Caribbean	
White and Chinese	
Any other mixed/multiple background	

<b>White</b>	
British/English/Welsh/Northern Irish/Scottish	
Irish	
Gypsy or Irish traveller	
Any other White background	
<b>Other Ethnic group</b>	
Arab	
Any other ethnic group	
Prefer not to say	

### Research information sheet

#### Dissertation title

An exploration of the impact of the death of a child sexual abuser on the grief process of adult survivors who are counsellors

#### About me

My name is Julie Millar and I am in the final year of the MA Clinical Counselling at the University of Chester. I have my counselling placements at a hospice and at a sexual violence support service.

#### My research

My work in bereavement counselling and with survivors of sexual abuse caused me to reflect on the impact of the death of the abuser for a survivor of child sexual abuse. The NSPCC found that 24.1% of young adults report having experienced sexual abuse. Given this prevalence there will be a number of people who have experienced the subsequent death of the abuser. Their experience does not appear to have been widely heard in the narrative of either bereavement or child sexual abuse.

#### What does participating in this research mean?

If you chose to put yourself forward as a participant and meet the inclusion criteria your involvement will be to meet with me for an audio recorded interview of approximately one hour. During this hour you will have the opportunity to explore your experience within the framework of a semi structured interview. The interviews will take place at the University of Chester library or in another mutually convenient and confidential space such as a counselling agency. After the interview I will transcribe the audio recording, and this is then my research data. I will send you a copy of the transcript for you to read and check for accuracy. I will use Interpretive Phenomenological Analysis to analyse the data obtained from participant interviews. This will then be written up into my research for submission as part of my MA.

All interviews will be conducted in English; participants must have fluent English.

#### What are the potential risks?

There is a risk that talking about the experience of the death of the abuser may bring painful memories to the surface, or bring reminders of the abuse. Details of support agencies for sexual abuse survivors are given at the end of this sheet.

***No questions will be asked about the abuse experience. This research is focused on the experience of the abuser's death.***

#### Confidentiality

Throughout the research and writing up I will commit to protect your confidentiality and promote anonymity. At the time of the interview I will ask you for a pseudonym by which you will be referred to throughout the interview. No identifying information other than this pseudonym will be included in the completed research. Potentially identifying

material within the transcription will be removed when printed copies are made for data analysis. With your consent verbatim sections of the interview may be used in my final dissertation.

### **Potential benefits of the research**

I hope that the research will inform my own counselling practice and that of any other counsellor or counselling student who reads it. It may also serve to bring attention to a little heard experience at the intersection of bereavement and child sexual abuse. Participants may find benefit in being able to talk about their experience.

### **What happens to the data**

The information you provide will be analysed with together with that of other participants and the results written up into my dissertation for submission to the University of Chester. The University keeps a copy of the dissertation, and the results may be used as part of other works that may be published.

The recordings will be kept until the award of the MA and then destroyed. Paper copies of data will be kept for five years in line with University policies and then be shredded.

### **Data protection**

The interviews will be recorded on a digital audio recorder and the files transferred to a specific area of my password protected PC. Once transferred the audio recording will be erased from the recorder. Files will be indexed under the agreed pseudonym so that participants cannot be identified from file names. A back up copy of the data will be kept on a USB stick and kept in a locked filing cabinet. Any paper copies of transcriptions used for analysis will be kept in a locked filing cabinet when not in use.

### **Withdrawing from the research**

You have the right to withdraw from the research at any time up until I begin the write up of my research. You may withdraw without explanation or fear of reprisal.

### **Ethics**

I intend to conduct my research in line with the BACP Ethical Framework for the counselling professions and the University of Chester Research Governance Handbook. This research has been approved by the University's Ethics Committee. Any ethical issues that arise in the course of my research will be discussed with my supervisor.

In accordance with the University of Chester Research Governance Handbook (2014) in the unlikely event that a participant is harmed by taking part in the research, there are no special compensation arrangements.

Formal complaints about the research may be made to the Dean of the Faculty of Social Sciences.

### **Contact details**

I may be contacted through my university email on [1408214@chester.ac.uk](mailto:1408214@chester.ac.uk)

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**Support for survivors of child sexual abuse**

**Rape Crisis England and Wales** - <http://rapecrisis.org.uk>

Freephone 0808 802 9999 12-2.30pm and 7-9.30pm every day, and 3-5.30pm weekdays

**Survivors UK** – <https://survivorsuk.org>

Web based support and SMS chat for men

**NAPAC** – <https://napac.org.uk>

Freephone 0808 801 0331 10am – 9pm Mon-Thurs 10am-6pm Fri.

## RESEARCH CONSENT FORM

**Title of Study:** An exploration of the impact of the death of a child sexual abuser on the grief process of adult survivors who are counsellors

**Name of Researcher:** Julie Millar

**Name of Participant:**.....

**If you are happy to participate please complete and sign the consent form below.**

**Please  
Initial  
Box**

1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily. ☐
2. I understand that my participation in the study is voluntary and that I am free to withdraw up until the point where writing up begins without giving a reason and without detriment to myself. ☐
3. I understand that the interviews will be audio recorded. ☐
4. I agree to the use of anonymous quotes. ☐
5. I believe I have been given sufficient information about the nature and purpose of the research study to give my informed consent to participate. ☐

**I agree to take part in the above project**

..... Name of participant	..... Date	..... Signature
------------------------------	---------------	--------------------

..... Name of Person taking Consent	..... Date	..... Signature
--	---------------	--------------------



**M. A. in Clinical Counselling Research  
University of Chester**

**Consent Form: Audio/Digital Recording of Interview**

Title of Study: An exploration of the impact of the death of a child sexual abuser on the grief process of adult survivors who are counsellors

I .....hereby give consent for the details of a written transcript based on an audio/digital recorded interview with me and **Julie Millar** to be used in preparation and as part of a research dissertation for the M.A. in Clinical Counselling at the University of Chester. I understand that my identity will remain anonymous and that all personally identifiable information will remain confidential and separate from the research data. I further understand that the transcript may be seen by Counselling Tutors and the External Examiner for the purpose of assessment and moderation. I also understand that all these individuals are bound by the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy.

I understand that I will have access to the transcribed material and would be able to delete or amend any part of it. I am aware that I can stop the interview at any time or ultimately withdraw the interview, without giving a reason or explanation, at any point before the writing up of the dissertation. Upon satisfactory completion of the M.A. in Clinical Counselling the recording will be securely destroyed. The transcripts and related data will be securely stored for a period of five years, by me, the researcher, and then destroyed.

Excerpts from the transcript will be included in the dissertation. A copy of the dissertation will be held in the Department of Social Studies and Counselling and may be made available electronically through Chester Rep, the University's online research repository.

Without my further consent some of the material may be used for publication and/or presentations at conferences and seminars. Every effort will be made to ensure complete anonymity.

Finally I confirm I have read and understood the attached Information Sheet and was given the opportunity for further explanation by the researcher. I believe I have been given sufficient information about the nature of this research, including any possible risks, to give my informed consent to participate.

Signed [Participant].....

Name- Please Print.....

Date .....

Signed [Researcher] .....

Name- Please Print.....

Date.....

An exploration of the impact of the death of a child sexual abuser on the grief process of adult survivors who are counsellors— interview schedule questions.

**Background**

1. Can you share with me how the abuser knew you?

(Prompt: Were they close family, wider family, neighbour or family friend. Were they someone you saw often?)

2. Can you share with me how old you were when the abuse began, and how long it went on for?

**Relationship to the deceased**

3. If you were to describe the deceased as a person what would you say were their main characteristics?

4. Can you share how your relationship to them felt?

(Prompt: did you feel you were you treated differently to other people? What feelings did you have for them?)

**Experience of the death**

5. Reflecting on when they died, can you share how and when you found out and who told you?

6. If you decided to attend the funeral, can you share your reasons for going?

(Prompt: if you decided not to go, what were your reasons? how did it feel to make this decision?)

**Emotional responses**

7. In the course of life people may feel grief when someone they know dies, could you share your process and feelings about their death?

(Prompt: do you remember the feelings you had at the time? Were there any feelings that felt stronger? Did your feelings surprise you? Have they changed?)

8. Some people experience a sense of connection after someone has died. Could you share if you have felt any sense of connection to them?

(Prompt: This may be in dreams, a sense of a presence, awareness of a continuing bond. Can you share with me about how it feels to have/not have a sense of connection?)

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9. Could you explore how family and/or friends have been with you concerning the death?

(Prompt: did family/friends know about the abuse at the time? Did you feel that your reaction was understood?)

**Personal meaning of the experience**

10. Moving back to the present day, could you reflect on what their death means to you now?

(Prompt: This may be about any changes in your self-understanding, or how you feel about the relationship between you when the abuse occurred, after the abuse, when they died or subsequently)

**Pre-interview:**

Check recorder is working

Go over information sheet and consent forms

Agree pseudonym to be used throughout interview and for referring to participant.

Phones to silent or off

Check it is ok to begin

**Introduction**

Thank you for meeting with me. We will spend the next hour exploring your experience of the death of the person who abused you as a child. I will not ask questions about the nature of the abuse. There are no right or wrong answers, and there is space for you to explore aspects of the experience I didn't cover in my questions. I may be silent for long periods of time after I have asked my questions while you speak of your experiences. If you need to stop and take a break at any point please let me know.

Do you have any questions?

**Questions**

**Closing**

Thank you for your participation. I will take this interview and transcribe it, and when it is written up I will email you a copy for you to check for accuracy. I will take out any potentially identifying names or places, and will only refer to you by the pseudonym we agreed at the outset. Once you have verified the transcript I will begin writing up my analysis of the information you have provided and will compare it to my analysis of data from other participants.

Recorder off

Check feeling grounded and ok to resume normal activities

How was experience of being interviewed?

**Outline of stages of IPA analysis (Smith et al., 2009)****1. Reading and re-reading**

I printed out and read and re-read the participant interview, taking myself imaginatively back to the circumstances of the interview and the experience of being in the room with the participant. This was to gain a depth of engagement with the flow of the data and to note the particularities of the participant's experience. I made notes in my research journal (Dallos & Vetere, 2005) where there the participant material touched my own and I noted this in order to bracket it off.

**2. Initial noting**

I looked at the data through the lenses of content, language and concepts, and marked these up in different pen colours in the right-hand margin of the transcript. This was a very detailed step, and involved the beginning of finding the meaning for the participant. I continued to use my research journal to record my reactions, and my internal tensions experienced from the process (appendix 8c for an example of my journal entries) I also identified particularly resonate phrases or sections of text which appeared to be central to the participant's understanding of their experience. An example of this noting follows in appendix 8d.

**3. Emergent themes**

The next step was to identify themes within the participant's data, in an effort to maintain the complexity of the data but also reducing the volume of data so that it can be managed within the confines of the study. Themes were noted in a different coloured pen in the left margin of the transcript. This process of breaking the data up into connected parts was analogous to the process of analysing financial data

in accounts preparation, and involved an increase in my presence in the analysis as an interpreter. An example of thematic noting follows in appendix 8d.

#### **4. Connections across emergent themes**

The next step was to find connections across these themes. I transcribed all the themes into a word document and printed them out on coloured paper (each participant was assigned a different colour that I used consistently throughout). These themes were cut out and examined and sorted by spreading them out on a flat surface (appendix 8e). The sorting process involved the processes of abstraction, polarization, with some elements of numeration where a particular word or concept was used frequently by the participant and appeared significant. The identification of super-ordinate themes was then conducted using the process of subsumption. When I had completed this sorting, I transcribed the groupings into an excel spreadsheet, noting the line numbers where the themes were evidenced and noting key words for each theme to produce a theme table (example at appendix 8f)

#### **5. Consecutive process**

Steps 1-4 were repeated for each participant in turn. I endeavoured to bracket off my impressions of the prior participant, but recognise that this was incomplete and that my counselling practice also brought impressions into the analysis.

#### **6. Patterns across participant themes**

I printed out the theme tables for each participant, with each participant table printed on different coloured paper. I cut these up into the super-ordinate themes and arranged them on a flat surface and drew lines to represent connections and themes that could belong in more than one super-ordinate theme (appendix 8g). I then transcribed these groupings back into the excel spreadsheet with a tab for each of the super-ordinate themes. Each theme tab sheet contained the theme,

participant, line number and key words that I had sorted to this group super-ordinate theme. A further process of subsumption occurred after considering significance and the space limits of a Masters dissertation, and some themes were discarded. This resulted in the theme table at appendix 8a. I identified a need to reconsider this table because it felt like an imposition of a structure arising from academic concepts onto the participant data. I considered the material again and recognising the many losses that participants related I decided to use loss as the organising principle which resulted in the super-ordinate and sub themes presented in appendix 8b. Input from my supervisor alerted me that I had lost sight of the original research question. I went back to the data again with the question at the forefront of my mind, and arrived at the theme table presented in chapter 4.

This was my first superordinate theme table, that I felt was too driven by factors external to the participant data.

**A. Family/attachment**

- a.1 family context
- a.2 secrets
- a.3 emotional and care needs unmet
- a.4 taking the love and attention available

**B. Loss**

- b.1 loss of attachment figure
- b.2 loss of assumptive world
- b.3 loss of family relationships
- b.4 loss of childhood and innocence
- b.5 loss of justice

**C. Identity**

- c.1 CSA and self-concept
- c.2 loss and self-concept
- c.3 emotional impacts
- c.4 self-concept and severing connections
- c.5 impact of disclosure
- c.6 the need to make sense of experience



This was my second superordinate theme table, which focussed on the experience of loss but lost sight of the original research question.

**A. Loss of childhood**

- a.1 family context
- a.2 love, warmth and affection
- a.3 secrets
- a.4 innocence

**B. Loss in relationships**

- b.1 the only love I could get was not the right one
- b.2 loss of the abuser
- b.3 losing and severing relationships

**C. Loss of the known world**

- c.1 shattering the known
- c.2 loss of the self
- c.3 loss of justice

**D. Putting the pieces together**

- d.1 losses and gains- disclosure
- d.2 the need to make sense of experience

September 2017 Week 37

11 Monday

Analysis of participant Leonard

Sense of being an outsider - am I reading into this my own experiences or using them as a toothpaste to feel participants sense of alienation.

Also invisibility - he appeared not to be noticed + then participated in being noticed - possible to avoid unwanted attention. - again resonance of reading in?

When inst. of theming done by spreading themes out on paper I was struck by the shiny loss theme that I hadn't seen as aware of in the read throughs. Impact of seeing these themes grouped together.

13 Wednesday

Loss in emotional detachment.

Overwhelming feeling of sadness at what was lost for this participant.

Prior to analysis - impression that confusion was principle concept - with analysis loss became more apparent.

September 2017 Week 37

Thursday 14

Analysis of participant Ella

On re-reading - importance of 'protection' as a concept became more apparent - had been aware of distancing before.

Dissociation more apparent on re-reading or analysis. And the high degree of self awareness - counselling.

Friday 15

Theme of differing perspectives.

Loss of childhood protection/bounded by appropriate adult behaviour.

Lack of emotional engagement - parents unable to provide.

Feeling that family situation gave space for abuse to go on.

Saturday 16

Need to think well of major attachment figure - he does appear to have been very significant attachment figure.

Sunday 17

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S
1 2 3 4 5 6 7	1 2 3 4	1 2 3 4	1	1 2 3 4 5 6	1 2 3
8 9 10 11 12 13 14	5 6 7 8 9 10 11	5 6 7 8 9 10 11	2 3 4 5 6 7 8	7 8 9 10 11 12 13	4 5 6 7 8 9 10
15 16 17 18 19 20 21	12 13 14 15 16 17 18	12 13 14 15 16 17 18	9 10 11 12 13 14 15	14 15 16 17 18 19 20	11 12 13 14 15 16 17
22 23 24 25 26 27 28	19 20 21 22 23 24 25	19 20 21 22 23 24 25	16 17 18 19 20 21 22	21 22 23 24 25 26 27	18 19 20 21 22 23 24
29 30 31	26 27 28	26 27 28 29 30 31	23 24 25 26 27 28 29	28 29 30 31	25 26 27 28 29 30

JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S
1	1 2 3 4 5	1 2	1 2 3 4 5 6 7	1 2 3 4	1 2
2 3 4 5 6 7 8	6 7 8 9 10 11 12	3 4 5 6 7 8 9	8 9 10 11 12 13 14	5 6 7 8 9 10 11	3 4 5 6 7 8 9
9 10 11 12 13 14 15	13 14 15 16 17 18 19	10 11 12 13 14 15 16	15 16 17 18 19 20 21	12 13 14 15 16 17 18	10 11 12 13 14 15 16
16 17 18 19 20 21 22	20 21 22 23 24 25 26	17 18 19 20 21 22 23	22 23 24 25 26 27 28	19 20 21 22 23 24 25	17 18 19 20 21 22 23
23 24 25 26 27 28 29	27 28 29 30 31	24 25 26 27 28 29 30	29 30 31	26 27 28 29 30	24 25 26 27 28 29 30
30 31					

## Content language concepts themes

Transcription of research interview 3/7/17 M

**Contrast** 31 would specifically try and antagonise someone else to respond to **Provoke**  
 32 him, and when they did, regardless if it was siblings or mother, that **Contrast**  
 33 would then fire him up to be quite aggressive. I don't know if that's a **aggressive**  
 34 good characteristic of him. He was very quiet, wasn't loud, didn't **quiet**  
 35 shout as I recall, no, he never shouted. So very quietly spoken, very **Secret**  
**Secret/** 36 proud, um, and wanted everything to be kept secret. So whether that **Hidden**  
**hidden** 37 was internally or externally there was like I said a façade that came **private life**  
 38 up. **Contrast - walking on eggshells**

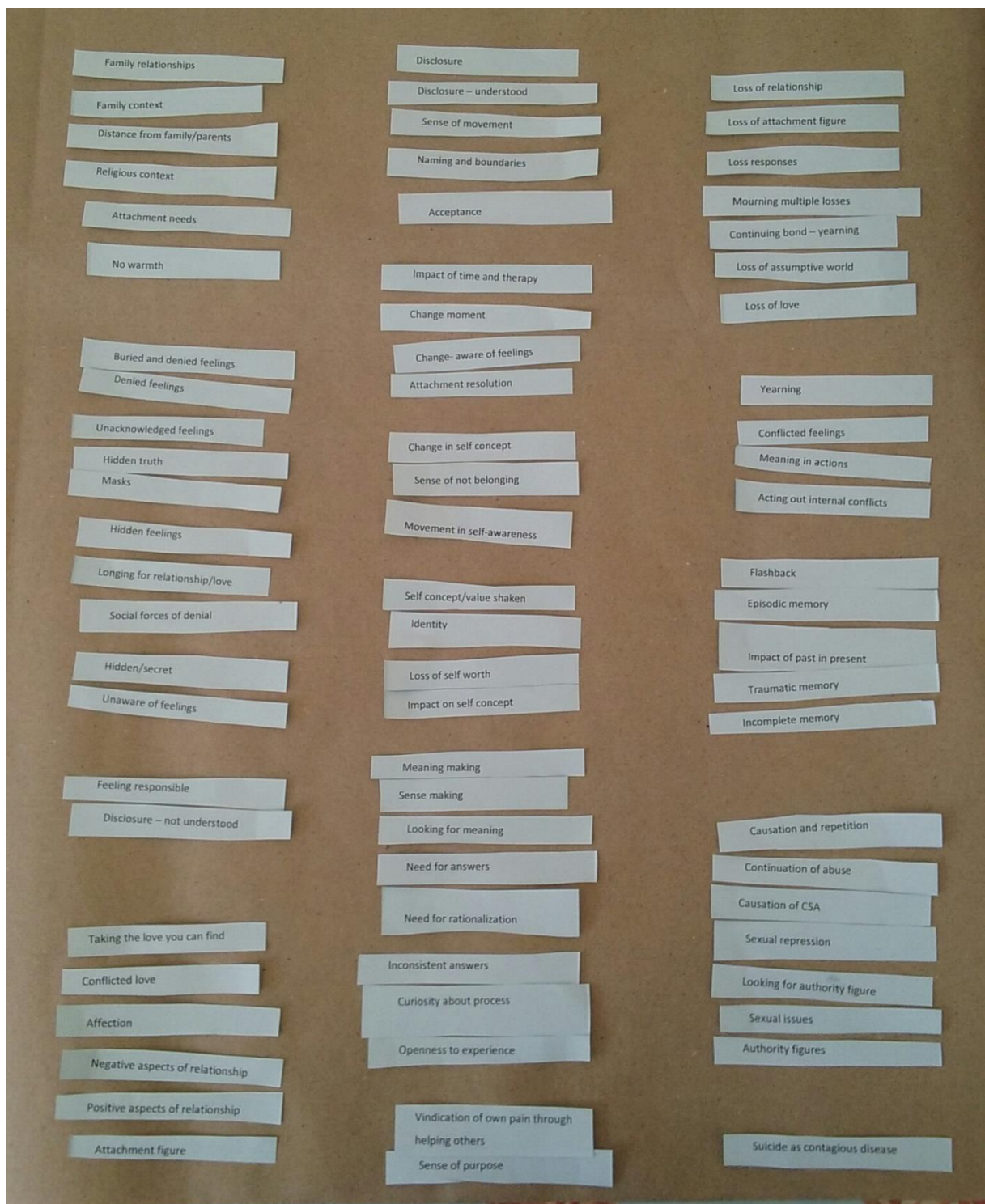
39 R can you explore a little more about what you said about secrets,  
 40 keeping family matters secret, not just what was happening with you,  
 41 everything?

**Secret** 42 P everything had to be secret. Because what was going on we had **widespread**  
 43 no money, um, there was seven children, um, at that time there was **hiding of**  
 44 six, my youngest sister hadn't been born. Um, and we were well **Situation**  
 45 below the poverty line, so, now as I look back I can see it was really **hidden**  
 46 quite intense. My grandmother, my mum's grandmother, uh, my **poverty**  
**family** 47 mum's mum, sorry, my grandmother, and grandfather, before he  
**Context** 48 passed away, supported the family. Um, and for as long as I  
 49 remember my mum not only had to look after the house and the **Extensive**  
 50 children, then went on to permanent night turn in a mental hospital to **role of mother**  
 51 earn a living. So, the money must have been really, really, dire. So  
 52 looking at it as an adult he had no, he had no input, there must have **Father little**  
 53 been financial money there but the majority was spent on himself. So **input - money**  
 54 whether he went out drinking all day Saturday and Sunday, um, and **for self**

**appearances** 55 all of the very expensive clothes that he bought were phenomenally **emphasis on**  
 56 expensive compared to the lifestyle that we led. And to my memories **contrast**  
 57 are basically, um, other people buying us things of any worth, so if **self centred**  
 58 we had bridesmaids, grandparents and aunts bought the clothes. **reliance on**  
 59 Um, if there was anything special, and there wasn't much of that, it **others**  
 60 was either someone had donated them or given them or bought them  
 61 for us. So it was all a very [pause] keeping up with the Joneses but  
 62 in a very strange way. So having to be respectable, having to not **rules -**  
**respectable** 63 speak unless we were spoken to as children, not to make any noise, **standards**  
**contradictions,**  
**hidden lives**  
**Front** **of respectability**

2





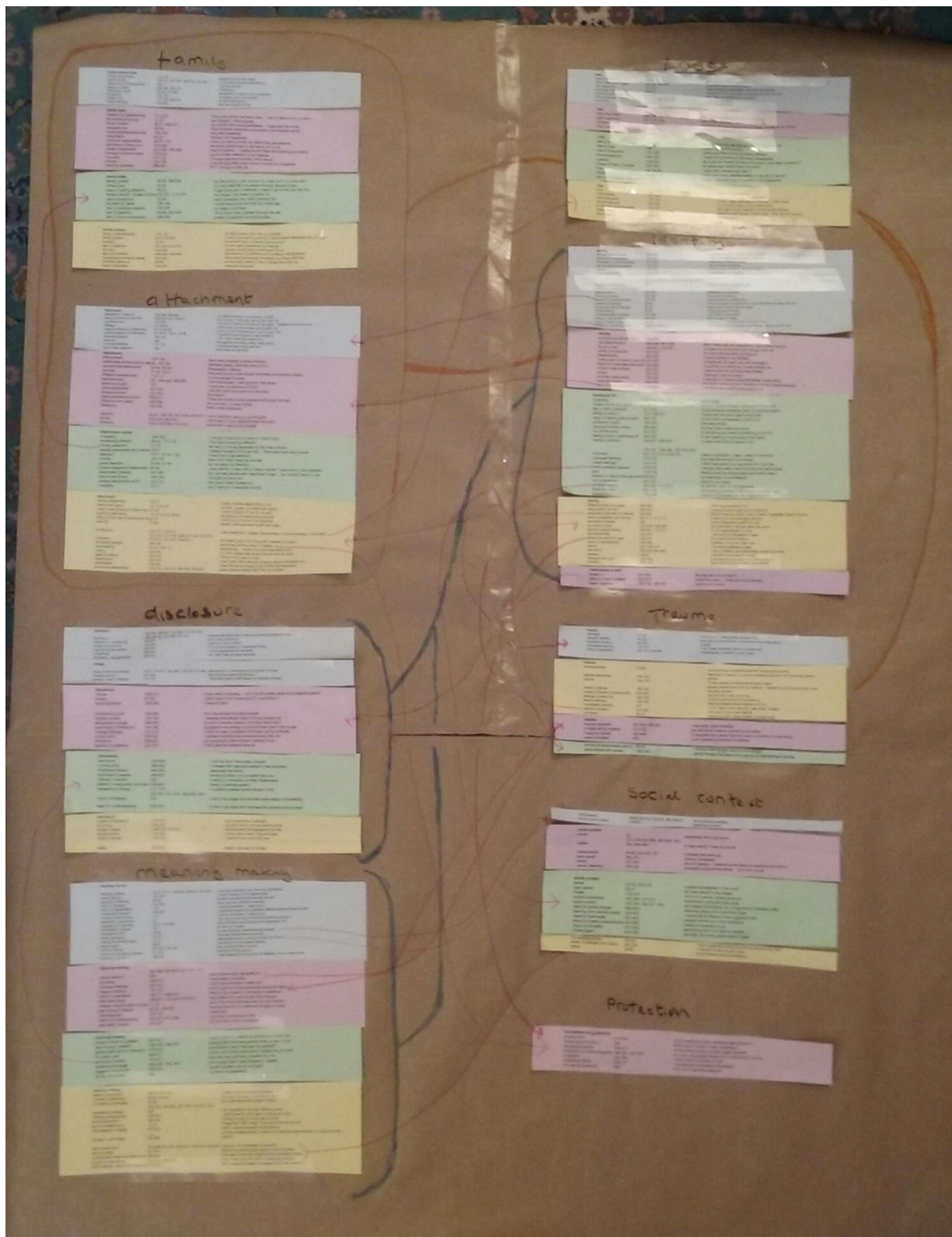
## Example of initial theme table (Leonard)

## Appendix 8f

<b>Loss</b>		
loss of assumptive world	180-181	and in actual fact he did want something from me
loss of trust	238	I learnt not to trust adults
loss of innocence	124-128	what's that about, why is that so different
lost connections	528-529	I have no connections with them whatsoever
outsider	532-535	we might be related by blood but ehre is very little connection
impact of loss of mother	304-308	he never ever talked about my mum
loss	39, 45-46	I don't think he ever got over it
childhood	89-92, 113	there was a very definite pattern to my life in the 80s
lack of knowledge (loss of innocence)	74-75	it didn't make any sort of sense to me whatsoever
<b>family style</b>		
family context	38-38, 285-294	my dad pulls up with me and my sister when his wife died
limited love	43-45	my mum was the only person he ever actually loved
ways of getting attention	50-53	to get some sort of attention I used to go to the pub with him
father's advice - limited involvement	205-207, 212-216	two things I can thank my father for
lack of protection	32-34,	hadn't protected me, hadn't warned me
let down by father	198-199	I could have done with that four years ago
lack of parental attention	292-293	my father's a drinker
lack of attention	46-48, 243-244	I think that's how I slipped through the net
lack of love and emotion	308-309	unable to express love and emotion
<b>attachment needs</b>		
friendship	158-160	I thought it was nice to have an adult friend
something different	85-87, 113-114	This was something different
money welcome	71-74	we had no money because my dad was a drunk
abuser personable and unexceptional	18-21	I always thought of him as nice... there was never any trouble
attention	76-77, 81-82, 156	it was nice to get attention
normal	151-152	apart from that it was just normal
given attention	53-54, 57-58	he just gave me attention
positive aspects of relationship	80-84	I was special, it was nice to have a secret, it was nice to have attention
attachment impacts	381-385	you can see people who have been loved... you couldn't see it in me
attachment figure	156-160	I thought he liked me
shaken assumptive world	122-123	why have I been booted out
normality	70-71	and it went on, it became normal
<b>emotional life</b>		
invisibility	233-236, 384-385	camouflage
impact of non disclosure of CSA	474-477	years of closed offness, hiding behind barriers

## Sorting cross case super-ordinate themes

## Appendix 8g



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